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Date: 20010123

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Document ID	Revision	Status	Quantity	Format	RecNo
PRC SECG-ATT.05 000	2	A	1	H	98298
PRC SECG-ATT.08 000	7	A	1	H	98339
PRC SECG-ATT.10 000	1	A	1	H	98380
PRC SECG-ATT.11 000	1	A	1	H	98421
PRC SECG-ATT.12 000	1	A	1	H	98462
PRC SECG-ATT.13 000	1	A	1	H	98503
PRC SECG-ATT.14 000	2	A	1	H	98544
PRC SECG-ATT.15 000	2	A	1	H	98585
PRC SECG-ATT.17 000	1	A	1	H	98626
PRC SECG-ATT.18 000	2	A	1	H	98667
PRC SECG-ATT.19 000	2	A	1	H	98708
PRC SECG-ATT.20 000	1	A	1	H	98749
PRC SECG-ATT.21 000	1	A	1	H	98790
PRC SECG-ATT.22 000	1	A	1	H	98831
PRC SECG-ATT.26 000	0	A	1	H	98872
PRC SECG-ATT.27 000	0	A	1	H	98913
PRC SECG-ATT.28 000	0	A	1	H	98954
PRC SECG-SECG-TOC 000	28	A	1	H	97817
PRC SECG-SECT.11.1 000	1	A	1	H	97448
PRC SECG-SECT.11.10 000	1	A	1	H	97776
PRC SECG-SECT.11.2 000	1	A	1	H	97489
PRC SECG-SECT.11.3 000	2	A	1	H	97530
PRC SECG-SECT.11.4 000	1	A	1	H	97571
PRC SECG-SECT.11.5 000	1	A	1	H	97612
PRC SECG-SECT.11.7 000	2	A	1	H	97653
PRC SECG-SECT.11.8 000	1	A	1	H	97694

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PRC SECG-SECT.11.9 000	2	A	1	H	97735

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MC N04

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SALEM GENERATING STATION
 EVENT CLASSIFICATION GUIDE
 January 23, 2001
 CHANGE PAGES FOR
 REVISION #28

The Table of Contents (T.O.C.) forms a general guide to the current revision of each section and attachment of the Salem ECG. The changes that are made in this T.O.C. Revision #28 are shown below.

1. Check that your revision packet is complete.
2. Add the revised documents.
3. Remove and recycle the outdated material listed below.

ADD			REMOVE		
<u>Pages</u>	<u>Description</u>	<u>Rev.</u>	<u>Pages</u>	<u>Description</u>	<u>Rev.</u>
ALL	T.O.C.	28	ALL	T.O.C.	27
All	RAL 11.1	01	All	RAL 11.1	00
All	RAL 11.2	01	All	RAL 11.2	00
All	RAL 11.3	02	All	RAL 11.3	01
All	RAL 11.4	01	All	RAL 11.4	00
All	RAL 11.5	01	All	RAL 11.5	00
All	RAL 11.7	02	All	RAL 11.7	01
All	RAL 11.8	01	All	RAL 11.8	00
All	RAL 11.9	02	All	RAL 11.9	01
All	RAL 11.10	01	All	RAL 11.10	00
All	Attachment 5	02	All	Attachment 5	01
All	Attachment 8	07	All	Attachment 8	06
All	Attachment 10	01	All	Attachment 10	00
All	Attachment 11	01	All	Attachment 11	00
All	Attachment 12	01	All	Attachment 12	00
All	Attachment 13	01	All	Attachment 13	00
All	Attachment 14	02	All	Attachment 14	01
All	Attachment 15	02	All	Attachment 15	01
All	Attachment 17	01	All	Attachment 17	00
All	Attachment 18	02	All	Attachment 18	01
All	Attachment 19	02	All	Attachment 19	01
All	Attachment 20	01	All	Attachment 20	00
All	Attachment 21	01	All	Attachment 21	00
All	Attachment 22	01	All	Attachment 22	00
All	Attachment 26	00			
All	Attachment 27	00			
All	Attachment 28	00			

REVISION SUMMARY:

Reporting requirements changed due to 10 CFR 50.72 changes.

PSE&G
CONTROL

ECG
T.O.C.
Pg. 1 of 4

SALEM EVENT CLASSIFICATION GUIDE
TABLE OF CONTENTS/SIGNATURE PAGE

COPY # SECG0101

<u>SECTION</u>	<u>TITLE</u>	<u>REV #</u>	<u>PAGES</u>	<u>DATE</u>
T.O.C.	Table of Contents/Signature Page	28	4	01/23/01
i	Introduction and Usage	02	11	12/14/00
ii	Glossary of Acronyms & Abbreviations	00	6	01/21/97
iii	Critical Function Status Trees (CFSTs), Unit 1	21	7	04/16/98
	Critical Function Status Trees (CFSTs), Unit 2	23	6	08/19/97
1.0	Fuel Clad Challenge	00	1	01/21/97
2.0	RCS Challenge	00	1	01/21/97
3.0	Fission Product Barriers (Table)	00	1	01/21/97
4.0	EC Discretion	00	1	01/21/97
5.0	Failure to TRIP	00	1	01/21/97
6.0	Radiological Releases/Occurrences			
6.1	Gaseous Effluent Release	00	4	01/21/97
6.2	Liquid Effluent Release	00	1	01/21/97
6.3	In Plant Radiation Occurrences	00	1	01/21/97
6.4	Irradiated Fuel Event	00	2	01/21/97
7.0	Electrical Power			
7.1	Loss of AC Power Capabilities	00	2	01/21/97
7.2	Loss of DC Power Capabilities	00	1	01/21/97
8.0	System Malfunctions			
8.1	Loss of Heat Removal Capability	00	2	01/21/97
8.2	Loss of Overhead Annunciators	00	1	01/21/97
8.3	Loss of Communications Capability	00	1	01/21/97
8.4	Control Room Evacuation	00	1	01/21/97
8.5	Technical Specifications	00	1	01/21/97
9.0	Hazards - Internal/External			
9.1	Security Threats	00	1	01/21/97
9.2	Fire	00	1	01/21/97
9.3	Explosion	00	1	01/21/97
9.4	Toxic/Flammable Gases	00	2	01/21/97
9.5	Seismic Event	00	1	01/21/97
9.6	High Winds	00	1	01/21/97
9.7	Flooding	00	1	01/21/97
9.8	Turbine Failure/Vehicle Crash/ Missile Impact	00	1	01/21/97
9.9	River Level	00	1	01/21/97
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WC	Salem ECG Charts (Located In ERFs)	00	2	01/21/97
SGS				

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Licensing is responsible for the Reportable Action Level (Section 11) and associated Attachments (marked by "L")				
--	--	--	--	--

11.0	Reportable Action Levels (RALs)			
11.1	Technical Specifications	01	3	01/23/01
11.2	Degraded or Unanalyzed Condition	01	1	01/23/01
11.3	System Actuation	02	1	01/23/01
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11.8	Public Interest	01	1	01/23/01
11.9	Accidental Criticality/ Special Nuclear Material/ Rad Material Shipments - Releases	02	2	01/23/01
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Licensing is responsible for the Reportable Action Level (Section 11)
and associated Attachments (marked by "L")

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4	GENERAL EMERGENCY	04	5	02/29/00
5	L NRC Data Sheet Completion Reference	02	7	01/23/01
6	Primary Communicator Log	15	8	11/20/00
7	Primary Communicator Log (GE)	deleted		02/29/00
8	Secondary Communicator Log	07	9	01/23/01
9	L Non-Emergency Notifications Reference	13	3	08/15/00
10	L 1 Hr Report - NRC Regional Office	01	3	01/23/01
11	L 1 Hr Report (Common Site) Security/Safeguards	01	3	01/23/01
12	L 1 Hr Report - NRC Operations	01	3	01/23/01
13	L 4 Hr Report - Contaminated Events Outside Of The RCA	01	7	01/23/01
14	L 4 Hr Report - NRC Operations	02	3	01/23/01
15	L Environmental Protection Plan	02	3	01/23/01
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17	L 4 Hr Report - Fatality or Medical Emergency	01	4	01/23/01
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19	L 24 Hr Report - Fitness For Duty (FFD) Program Events	02	3	01/23/01
20	L 24 Hr Report - NRC Regional Office	01	3	01/23/01
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22	L T/S Required Engineering Evaluation	01	2	01/23/01
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26	L 8 Hr Report - NRC Operations	00	3	01/23/01
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28	L Boiler and Pressure Vessel Reporting	00	3	01/23/01

SIGNATURE PAGE

Prepared By: Paul Duke *PR Duke* 1/15/01
(If Editorial Revisions Only, Last Approved Revision) Date

Section/Attachments Revised 11.1, 11.2, 11.3, 11.4, 11.5, 11.7, Att 26, 27, 28 1/15/01
(List Non Editorial Only - Section/Attachments) Date

Reviewed By: *William J. Detrick* 01/15/01
Station Qualified Reviewer Date

Reviewed By: *John P. Roberts* 01/16/01
Department Manager Date

Reviewed By: *Walter For G.S.* 01/17/01
Manager - Licensing Date
(Reportable Action Level (Section 11) and associated Attachments marked by "L")

Reviewed By: *Chris Sam* 1/18/01
Manager - EP & IT Date

Reviewed By: N/A _____
Manager - Quality Assessment - NBU Date
(If Applicable)

SORC Review and Station Approvals

N/A
Mtg. No. Salem Chairman

Date

John P. Roberts 1/18/01
Vice President Nuclear Operations

Date

Effective Date of this Revision: 01 23 01
Date

ATTACHMENT 5

NRC DATA SHEET COMPLETION REFERENCE

ECG
ATT 5
Pg. 1 of 7
PSE&G
CONTROL
COPY # SEC60101

I. INSTRUCTIONS

NOTE

This attachment is implemented when the NRC Operations Center or Regional Office is notified of an Emergency OR Non-Emergency as specified by the appropriate ECG Attachment. Information is offered as a GUIDELINE to personnel completing the Event Description and the NRC Event Update Sections of the NRC DATA SHEET.

- A. OBTAIN a working copy of the NRC Data Sheet (last three pages of this attachment) each time you are directed to complete it. (i.e., each change in classification or new event, begin again)
- B. COMPLETE the NRC Data Sheet with reference to the following information and guidance, as needed.
1. The following paragraphs briefly describe the type of information expected by the NRC when making notifications.
 2. Event Description Instructions from the NRC Data Sheet state:
" Include systems affected, actuations & their initiating signals, causes, effect of event on plant, actions taken or planned, etc. note anything unusual or not understood. Indicate systems and safety-related equipment that are not operational "
 - a) ***Include systems affected....***
Description: The NRC is primarily concerned about the safety significance of the event and the current conditions of the plant. However, some events may be caused by non-safety related equipment failures and this information should also be provided to the NRC.

Common information should be the response of available systems, (ESF or ECCS systems required to respond) or any other system utilized to mitigate the consequences of the event.
 - b) ***...actuations and their initiating signals, causes....***
Description: The NRC routinely needs to know what specific signal caused the Reactor trip or system actuation. If the cause of the event or actuation is known, it should be provided. If the cause is not yet known, that information should be provided to the NRC.

When the information becomes available, the NRC should be provided updated information (utilize the bottom of page two of the NRC DATA SHEET to provide the updated information).

Common information should be the specific signal that caused the Reactor trip or system actuation and, if known, whether the parameter has been restored to the previously established band for the current plant conditions.

c) ***...effect of event on plant...***

Description: This information should be complete to allow a clear evaluation of current plant conditions. Incorporated in the explanation should be a description of how the event has affected overall plant safety.

Common information should be which safety parameters are affected. This explanation should also include how the parameters are being maintained. (Examples: Rx Press. control is being maintained by cycling SRVs or SG level is being maintained by the Aux. Feed water system)

d) ***...actions taken or planned...***

Description: This should be a description of the current plans to mitigate the event or restore the plant to a normal configuration. The focus should be on the short term considerations and not on what you expect to have to accomplish tomorrow or next week.

Common information should be corrective actions taken to mitigate the consequences of the event and the OSC priorities to reestablish specific control of plant safety parameters.

e) ***Note anything unusual or not understood.***

Description: The NRC is interested in what systems did NOT respond as you expected and there is no apparent reason why they did not function.

Common information should be systems that failed to respond, systems that had responded correctly, but are currently failing to properly restore monitored parameters to their nominal values, or any unexpected plant response.

f) ***Indicate systems and safety related equipment that are not operational.***

Description: All non-operational safety related equipment should be provided. Also provide non-operational plant equipment that may be important to event response or assessment.

Common information should be equipment that was inoperable prior to the event that is safety related, non safety related equipment that caused the transient, or plant systems that would ease the operational response to the transient. Example: SPDS.

3. NRC Event Update Instructions from the NRC Data Sheet state:
“(Document additional information provided to the NRC due to their request or as a result of plant/ event status changes.)”
 - a) This section of the NRC Data Sheet is intended to be utilized to document additional information requested by the NRC. The individual communicating with the NRC should document the requested information and the response given. This section should also be utilized to update the NRC as plant conditions or equipment availability changes occur or any actions taken in accordance with 10CFR50.54(x). Also to report the results of investigations or event analysis that yields information previously reported as unknown OR that is now known to have been incorrect as reported earlier.
 - b) If changing plant conditions result in a change in Emergency Classification, the Communicator should implement another ECG Attachment 8. This will result in a new NRC Data Sheet being completed and provided to the NRC within the 1 hour time limit.

II. NRC DATA SHEET FORM

- A. The following two page form with continuation sheet(s) is used for both emergencies and non-emergencies.
- B. NRC Data Sheet (Page 1 of ___) should always be completed as thoroughly as possible prior to notifying the NRC, but in no case should notifications be delayed because of missing information.
- C. (Page 2 of ___) may or may not be applicable as determined by the Emergency Coordinator (EC).
- D. (Page ___ of ___) is a continuation form to be used by the Communicator (or EC) to document any additional information reported to the NRC, as needed. Information recorded here as NRC updates should log the time that the NRC was updated.

NRC DATA SHEET (Page 1 of __)

NOTIFICATION TIME	FACILITY SALEM GENERATING STATION	UNIT	CALLER'S NAME	
EVENT DATE	EVENT TIME (EASTERN TIME ZONE)		POWER/MODE BEFORE EVENT	POWER/MODE AFTER EVENT

EVENT CLASSIFICATION (Check One)

<input type="checkbox"/>	GENERAL EMERGENCY	<input type="checkbox"/>	ALERT	<input type="checkbox"/>	1 HR 10CFR50.72(b) (1) *()	<input type="checkbox"/>	1 HR SECURITY/SAFEGUARDS
<input type="checkbox"/>	SITE AREA EMERGENCY	<input type="checkbox"/>	UNUSUAL EVENT	<input type="checkbox"/>	4 HR 10CFR50.72(b) (2) *()	<input type="checkbox"/>	TRANSPORTATION EVENT
<input type="checkbox"/>	OTHER (DESCRIBE):			<input type="checkbox"/>	8 HR 10CFR50.72(b) (3) *()		

* FOR NON-EMERGENCIES PROVIDE THE SPECIFIC SUBPART NUMBER OF THE 10CFR50.72 REPORTING FROM THE ECG INITIATING CONDITION STATEMENT.

EVENT DESCRIPTION

Include systems affected, actuations & their initiating signals, causes, effect of event on plant, actions taken or planned, etc. Note anything unusual or not understood. Indicate systems and safety-related equipment that are not operational.

(Use a continuation page if more room is needed)

RCS/TUBE LEAK DATA

(Complete only if event includes an RCS or SG tube leak)

LOCATION OF LEAK (e.g. SG, VALVE, PIPE, etc.): _____

TIME & DATE LEAK STARTED: _____ ON _____ DATE _____

LEAK RATE: _____ gpm or gpd ESTIMATED LIMITS _____

LAST KNOWN COOLANT ACTIVITY PRIMARY (DIP - uCi/cc) _____ SECONDARY (gbg - uCi/cc) _____

WAS THIS LEAK A SUDDEN OR LONG-TERM DEVELOPMENT? _____

NOTIFICATIONS

ORGANIZATION NOTIFIED	YES	NO	WILL BE	ORGANIZATION NOTIFIED	YES	NO	WILL BE	ORGANIZATION NOTIFIED	YES	NO	WILL BE
NRC RESIDENT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	STATE OF NEW JERSEY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	STATE OF DELAWARE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
LOCAL (LAC TOWNSHIP)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	OTHER GOVERNMENT AGENCIES	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	MEDIA / PRESS RELEASE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MODE OF OPERATION UNTIL CORRECTED _____				ESTIMATED RESTART DATE _____				ADDITIONAL INFO ON Page 2?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Additional Information for Non-Emergency Notifications
Reportable Action Level (RAL #) 11 _____

OS/EC APPROVAL TO TRANSMIT

NRC DATA SHEET (Page 2 of __)

NOTIFICATION DATE/TIME: _____

RADIOLOGICAL RELEASE DATA: (This section is only required to be completed if a release exceeding Tech Specs is in progress or has already occurred).

Check **ALL** correct statements and provide to the NRC.

- ___ There is/was a gaseous release above Tech Spec limits in progress (Tech Spec Limit: Noble Gas = 2.42E+05 uCi/sec).
- ___ There is/was an Iodine release above Tech Spec limits in progress (Tech Spec Limit: Iodine -131 = 2.10E+01 uCi/sec).
- ___ There is/was a liquid release above Tech Spec limits in progress.
- ___ The release is ongoing (still above Tech Specs) at this time.
- ___ The release was terminated (no longer above Tech Specs) at _____ hrs.
- ___ The release was planned and can be isolated.
- ___ The release pathway is monitored by the Radiation Monitoring System.
- ___ Areas evacuated onsite due to release concerns are: _____
- ___ Station personnel have received exposure above 10CFR20 limits.
- ___ Station personnel have been contaminated to an extent requiring offsite assistance to decon.

SPECIFIC RADIOLOGICAL PARAMETERS: (Provide current values) Current Time: _____ hrs.
 Total Release Rate Noble Gas (from SSCL) is: _____ uCi/sec.
 Total Release Rate Iodine - 131 (from SSCL) is: _____ uCi/sec.

RELEASE PATHWAY MONITORS: (Provide readings and alarm setpoints only for those below listed monitors in Alarm or that are included in the release pathway).

MONITOR #	NAME	CURRENT READING	ALARM SETPOINT
1(2)R41D	NOBLE GAS EFFLUENT	_____ uCi/sec	2.00E+04 uCi/sec
1(2)R46	HIGHEST STEAM LINE (R46A thru D)	_____ mR/hr	1.00E+01 mR/hr
1(2)R15	CONDENSER AIR EJECTOR	_____ cpm	_____ cpm
1(2)R19	HIGHEST S/G BLOWDOWN	_____ cpm	_____ cpm

OTHER PERTINENT INFORMATION: (Document additional information related to any radiological release).

(Use a continuation page if more room is needed)

OS/EC APPROVAL TO TRANSMIT

NRC DATA SHEET (Page __ of __)

NOTIFICATION DATE/TIME: _____

EVENT DESCRIPTION (Continued):

OTHER PERTINENT INFORMATION (Continued):

NRC EVENT UPDATE (Document additional information to NRC due to their request or as a result of Plant / event status changes):

(Use a continuation page if more room is needed)

OS/EC APPROVAL TO TRANSMIT

ATTACHMENT 8

SECONDARY COMMUNICATOR LOG

PSE&G
CONTROL
COPY # SECG0101

Table of Contents

<u>Pages</u>	
1 - 2	Notifications & Data Collection/Transmission
3 - 4	Incoming Calls (BNE, DEMA, OEM, AAAG, etc.)
5	Major Equipment & Electrical Status (MEES) form
6	Operational Status Board (OSB) form
7 - 8	Station Status Checklist (SSCL) form
9	Common Site UNUSUAL EVENT – Station Status Checklist form

Emergency Classification: (circle)	UE	ALERT	SAE	GE
Name: _____		Position: CM2 /TSC2/ EOF2		
(Print)		(circle)		

A. NOTIFICATIONS

NOTE

A new Attachment 8 is required to be implemented if the classification or protective action recommendation (PAR) changes.

- | | |
|--|-----------------|
| | <u>Initials</u> |
| 1. OBTAIN a copy of Attachment 6 and ASSIST Primary Communicator with 15-minute notifications, as necessary. | _____ |
| | CM2/TSC2/EOF2 |
| 2. DIRECT the Shift Rad Pro Tech (SRPT) (x2644) to implement SC.EP-EP.ZZ-0301(Q) , Shift Radiation Protection Technician Response. (N/A for Common Site). | |
| Name: _____ Time: _____ | _____ |
| | CM2 |
| 3. <u>For an ALERT or higher emergency:</u> | |
| () a. CALLOUT an additional SRO and have him/her report to the OSC. | |
| Name: _____ Time: _____ | _____ |
| | CM2 |
| b. ACTIVATE ERDS within 60 minutes from the Affected Unit's SPDS terminal: | |
| 1) PRESS <UNIT MASTER MENU> key. | |
| 2) PRESS <ERDS> key. | |
| 3) FOLLOW screen prompts. | |
| | _____ |
| | CM2 |

Initials

A. NOTIFICATIONS (cont'd)

4. OBTAIN a copy of the **ICMF** and FAX the ICMF to Group A. _____
CM2/TSC2/EOF2
5. COMPLETE a **Station Status Checklist (SSCL)** Form, Pg. 7 or Common Site **UNUSUAL EVENT Station Status Checklist (SSCL)** Form, Pg. 9;
- () a. OBTAIN OS (TSS/SSM) assistance, as needed for SSCL Pg.1.
 - () b. OBTAIN SRPT (RAC/RSM) assistance, as needed for SSCL Pg.2. (N/A for Common Site)
 - () c. FAX to Group B.
 - () d. IF fax transmission of the SSCL is incomplete, THEN CONTACT the State Agencies listed below, READ the data, AND DOCUMENT on SSCL, Pg. 2.

DEMA Delaware Emergency Management Agency 302-659-2290
BNE NJ Bureau of Nuclear Engineering 609-984-7700

CM2/TSC2/EOF2

6. OBTAIN completed **NRC Data Sheet** from the CM-1, and FAX form to Group B. _____
CM2/TSC2/EOF2
7. REPEAT Step 5 approximately every half hour OR IMMEDIATELY for significant changes in Station status, until either Turnover or relief. _____
CM2/TSC2/EOF2
8. TURNOVER responsibility for offsite notifications and offsite data updates (SSCLs) to the oncoming facility (TSC or EOF):
- () a. GIVE names and phone numbers of contacts already made with any Offsite Agencies.
 - () b. GIVE time for next SSCL. _____
CM2/TSC2
9. IF available for other duties AND TSC turnover is complete, THEN obtain headset, MAN the Ops Data line and CONTACT the TSC ops advisor and establish an open line of communication from the control room to the TSC. _____
CM-2

B. DATA COLLECTION/TRANSMISSION

1. WHEN in an ALERT or higher emergency OR AFTER significant changes in plant status: THEN COMPLETE the **Major Equipment and Electrical Status (MEES)** Form.
- () a. OBTAIN Licensed Operator review.
 - () b. GIVE a copy to the OSC Coordinator.
 - () c. FAX to Group C. _____
CM2

Initials

B. DATA COLLECTION/TRANSMISSION (cont'd)

2. IF requested by the TSC,
THEN COMPLETE the **Operational Status Board (OSB)** Form every 15 minutes,
(TSS may modify the frequency or data list as appropriate)

- a. OBTAIN Licensed Operator review.
- b. FAX to Group C.

_____ CM2

3. ENSURE the Facility OSB and MEES Status Boards are updated as follows:

- a. OBTAIN OSB Data from **SPDS** "Unit Master Menu."
- b. IF SPDS is Out of Service,
THEN REQUEST CM2 to perform step B.2, above. (data set and frequency
of updates may be revised by the TSS based on event circumstances)
- c. WHEN significant changes in plant status occur,
THEN REQUEST CM2 to perform step B.1, above.

_____ TSC2/EOF2

4. WHEN the emergency is terminated,
THEN FORWARD this document and all completed Forms to the OS (TSS/SSM).

_____ CM2/TSC2/EOF2

C. INCOMING CALLS

STATE OFFICIALS

1. IF Notifications authority has transferred,
THEN DIRECT the caller to contact the TSC (or EOF if activated).

_____ CM2/TSC2

2. WHEN contacted by any State Agency Officials (listed here),

- DEMA** - Delaware Emergency Management Agency
- AAAG** - Delaware Accident Assessment Advisory Group
- BNE** - NJ Bureau of Nuclear Engineering
- DEP** - NJ Department of Environmental Protection
- OEM** - NJ Office of Emergency Management

PERFORM the following:

a. OBTAIN and RECORD:

<u>Agency</u>	<u>Caller's Name</u>	<u>Phone #</u>
_____	_____	_____
_____	_____	_____

b. READ the latest EC approved SSCL.

Initials

C. **INCOMING CALLS** (cont'd)

STATE OFFICIALS

- () c. IF caller is **NJ-BNE, DEMA, or AAAG**,
THEN also **READ** the approved NRC Data Sheet Event Description.

CM2/TSC2/EOF2

NEWS MEDIA

CAUTION

Communicators are NOT authorized to release any information to the News Media.

3. WHEN contacted by any News Media representative,
READ the appropriate message below:

- () a. IF the ENC is not activated (Unusual Event), say;

**“You are requested to contact the Nuclear Communications Office
at the following number: 856-339-1186.”**

- () b. IF the ENC is activated (ALERT or higher), say;

**“You are requested to contact the Media Information Operator at
any of the following numbers: 856-273-0188, -0282, -0479, or -
0586.”**

CM2/TSC2/EOF2

NRC OPERATIONS CENTER

4. WHEN directed by the NRC to **TERMINATE** ERDS transmission,
THEN **GO TO** any SPDS terminal of the affected Unit AND **PROCEED** as follows:

- a. **PRESS <UNIT MASTER MENU>** key.
- b. **PRESS <ERDS>** key.
- c. **FOLLOW** screen prompts.
- d. **WHEN** completed. **NOTIFY** the OS.

CM2

SALEM UNIT						DATE: _____						
MAJOR EQUIPMENT AND ELECTRICAL STATUS						UPDATE TIME: _____						
NOTE: Y = IN SERVICE N = OUT OF SERVICE (CIRCLE ANY UNAVAILABLE EQUIPMENT)			ECCS SYSTEMS		ELECT. FEED	Y/N	CONTAINMENT CONTROL		ELECT. FEED	Y/N		
			CHARGING PUMPS		1	B9D		CONT. SPRAY PUMPS		1	A2D	
					2	C9D				2	C2D	
					3	A7X		CFCU			HI	LOW
			SAFETY INJ PUMPS		1	A5D		1	A3X A4X		A2X	
					2	C5D			B3X B4X		B2X	
			RHR PUMPS		1	A7D			C3X C4X		C2X	
					2	B7D			B7X B8X		B6X	
									C7X C8X		C6X	
			COOLING SYSTEMS		ELECT. FEED	Y/N	ELECTRICAL STATUS			Y/N		
AUX FD PUMPS		1	A1D	OFFSITE AC POWER AVAILABLE								
		2	B1D	EMERGENCY DIESELS			RUN	LOADED				
		3	STM.	EDG			A		IODINE REMOVAL			
SERVICE WATER PUMPS		1	3D					H ² RECOM				
		2	8D					1	A15X			
		3	B3D					2	B15X			
		4	B8D	#3 GAS TURBINE				MISC. EQUIPMENT				
		5	3D	ELEC DISTRIBUTION AVAILABLE?			Y/N	FIRE PUMPS (DIESEL)				
		6	8D	VITAL BUS			A	1				
COMP. COOLING PUMPS		1	A10D				B	2				
		2	B10D				C	STATION AIR COMP.				
		3	C10D	GROUP BUS			E	1				
REACTOR COOLANT PUMPS		1	H4D				F	2				
		2	E4D				G	3				
		3	F4D				H	EMERGENCY AIR COMP.				
		4	G4D					1				
CONDENSATE PUMPS		1	H1D					2				
		2	E1D					1				
		3	F1D					2				
CIRC WATER PUMPS		1A	UI / U2	COMMENTS								
		1B	2AD/2AD									
		2A	7BD/7BD									
		2B	3AD/3AD									
		3A	6BD/6BD									
		3B	4AD/4AD									
			5BD/5BD									

LICENSED OPERATOR REVIEW: _____
INITIALS

Operational Status Board – Salem

UPDATE:
TIME DATE

UNIT #

I. EMERGENCY CORE COOLING SYSTEM

Cent. Charg. Pump Flow (BIT flow)	<input style="width: 100%;" type="text"/>	GPM
SI P flow # __1	<input style="width: 100%;" type="text"/>	GPM
SI P flow # __2	<input style="width: 100%;" type="text"/>	
RHR P flow # __1	<input style="width: 100%;" type="text"/>	GPM
RHR P flow # __2	<input style="width: 100%;" type="text"/>	GPM
RWST LEVEL	<input style="width: 100%;" type="text"/>	FT

IV. C.V.C.S

Letdown flow	<input style="width: 100%;" type="text"/>	GPM
Charging flow	<input style="width: 100%;" type="text"/>	GPM

V. SECONDARY COOLANT SYSTEM

NO. __1 SG level	<input style="width: 100%;" type="text"/>	% (NR or WR)
NO. __2 SG level	<input style="width: 100%;" type="text"/>	% (NR or WR)
NO. __3 SG level	<input style="width: 100%;" type="text"/>	% (NR or WR)
NO. __4 SG level	<input style="width: 100%;" type="text"/>	% (NR or WR)
NO. __1 SG pressure	<input style="width: 100%;" type="text"/>	PSIG
NO. __2 SG pressure	<input style="width: 100%;" type="text"/>	PSIG
NO. __3 SG pressure	<input style="width: 100%;" type="text"/>	PSIG
NO. __4 SG pressure	<input style="width: 100%;" type="text"/>	PSIG
NO. __1 SG feedflow	<input style="width: 100%;" type="text"/>	% or LBS/HR
NO. __2 SG feedflow	<input style="width: 100%;" type="text"/>	% or LBS/HR
NO. __3 SG feedflow	<input style="width: 100%;" type="text"/>	% or LBS/HR
NO. __4 SG feedflow	<input style="width: 100%;" type="text"/>	% or LBS/HR
AFST level	<input style="width: 100%;" type="text"/>	%

II. CONTAINMENT

Cont. Pressure	<input style="width: 100%;" type="text"/>	PSIG
Cont. Temperature (AVG)	<input style="width: 100%;" type="text"/>	F
Cont. H ₂ Concen.	<input style="width: 100%;" type="text"/>	%
Cont. Sump level	<input style="width: 100%;" type="text"/>	%
Cont. Rad (hi range) __R44A	<input style="width: 100%;" type="text"/>	R/hr
Cont. Rad (hi range) __R44B	<input style="width: 100%;" type="text"/>	R/hr

VI. MISC. TANKS LEVEL

Waste Hold-Up Tank # __1	<input style="width: 100%;" type="text"/>	%
Waste Hold-Up Tank # __2	<input style="width: 100%;" type="text"/>	%
Waste Monitor HUT	<input style="width: 100%;" type="text"/>	%

III. REACTOR COOLANT SYSTEM

# of RCPs Running	<input style="width: 100%;" type="text"/>	
RVLIS (full range)	<input style="width: 100%;" type="text"/>	%
Core Exit Thermocouple (hottest)	<input style="width: 100%;" type="text"/>	F
# of Thermocouples > 1200 °F	<input style="width: 100%;" type="text"/>	
Tc Loop __1	<input style="width: 100%;" type="text"/>	F
Tc Loop __2	<input style="width: 100%;" type="text"/>	F
Tc Loop __3	<input style="width: 100%;" type="text"/>	F
Tc Loop __4	<input style="width: 100%;" type="text"/>	F
*Tave (Autoneered) <small>*If no RCPs running, Tave on the Control Console is invalid.</small>	<input style="width: 100%;" type="text"/>	F
PZR/RCS Pressure	<input style="width: 100%;" type="text"/>	PSIG
PZR Level (hot)	<input style="width: 100%;" type="text"/>	%
Th Loop __1	<input style="width: 100%;" type="text"/>	F
Th Loop __2	<input style="width: 100%;" type="text"/>	F
Th Loop __3	<input style="width: 100%;" type="text"/>	F
Th Loop __4	<input style="width: 100%;" type="text"/>	F
Reactor Power/Neutron flux	<input style="width: 100%;" type="text"/>	%/amps/CPS
Subcooling Margin	<input style="width: 100%;" type="text"/>	F

VII. SSCL INFORMATION

	YES	NO
Offsite power available?	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
Two or more diesels available?	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
Did ECCS actuate?	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
Is the containment barrier failed?	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>

VIII. SIGNIFICANT PLANT EVENTS

<input style="width: 100%; height: 100%;" type="text"/>
<input style="width: 100%; height: 100%;" type="text"/>
<input style="width: 100%; height: 100%;" type="text"/>

Licensed Operator Review Initials

STATION STATUS CHECKLIST

(Pg. 1 of 2)

Operational Information

SALEM GENERATING STATION Unit No. _____ Message Date _____ Time _____

Transmitted By: Name _____ Position _____

1. Date and Time Event Declared: Date _____ Time _____ (CR/TSC/EOF)
(24 hr clock)

2. Event Classification: Unusual Event Site Area Emergency
 Alert General Emergency

3. Cause of Event: Primary Initiating Condition used for declaration

EAL #(s) _____

Description of the event _____

4. Status of Reactor: Tripped/Time _____ At Power Startup
 Hot Standby Hot Shutdown Cold Shutdown Refuel

5. RZR/RCS Pressure _____ psig Core Exit TC _____ °F

6. Is offsite power available? YES NO

7. Are two or more diesel generators available? YES NO

8. Did any Emergency Core Cooling Systems actuate? YES NO

9. Is the Containment barrier failed? (Loss per EAL section 3.3) YES NO

10. Other pertinent information _____

Approved: _____
EC or TSS or SSM

STATION STATUS CHECKLIST
(PAGE 2 OF 2)
RADIOLOGICAL INFORMATION

ECG
 ATT 8
 Pg. 8 of 9

SALEM GENERATING STATION UNIT NUMBER: _____ CALCULATION TIME: _____ DATE: _____

1. GASEOUS RELEASE>TECH SPEC (T/S) LIMITS:

(T/S LIMITS: 2.42 E+05 μ Ci/sec NG or 2.1E+01 μ Ci/sec IODINE)
 YES: [] RELEASE START TIME: _____ DATE: _____
 NO: []

- A. RELEASE TERMINATED: YES [] NO [] N/A []
- B. ANTICIPATED OR KNOWN DURATION OF RELEASE: _____ HOURS
- C. TYPE OF RELEASE: GROUND [] ELEVATED: [] N/A []
- D. ADJUSTED WIND SPEED: _____ (mph) _____ (m/sec) WIND DIR (deg from) _____
- E. STABILITY CLASS: _____ (A-G) DELTA T: _____ (deg C)
- F. VENT PATH OF RELEASE: R41 [] R45 [] R44 [] R46 []
- G. NG RELEASE RATE: R41 _____ R45 _____ R44 _____
 R46 _____ (μ Ci/sec)
- H. I-131 RELEASE RATE: R41 _____ R45 _____ R44 _____
 R46 _____ DEFAULT (μ Ci/sec) (circle if default)
- I. TOTAL RELEASE RATE NOBLE GAS: _____ (μ Ci/sec)
- J. TOTAL RELEASE RATE IODINE-131: _____ (μ Ci/sec)

2. PROJECTED OFFSITE DOSE RATE CALCULATIONS:

DISTANCE FROM VENT (IN MILES)	XU/Q (1/M2)	TEDE RATE (MREM/HR)	TEDE DOSE (4 DAY) (MREM)	THYROID-CDE RATE (MREM/HR)	THYROID-CDE DOSE (MREM)	TIME FOR PLUME TO TRAVEL (MIN)
MEA 0.79	_____	_____	_____	_____	_____	_____
2.00	_____	_____	_____	_____	_____	_____
LPZ 5.00	_____	_____	_____	_____	_____	_____
EPZ 10.00	_____	_____	_____	_____	_____	_____

3. OTHER PERTINENT INFORMATION: _____

4. UPDATE TO STATES (IF VERBALLY TRANSMITTED):

	NAME	TIME	INITIALS
STATE OF NEW JERSEY:	_____	_____	_____
STATE OF DELAWARE:	_____	_____	_____
AGENCY:	_____	_____	_____

APPROVED: _____
 EC or RAC or RSM

**Common Site Unusual Event
STATION STATUS CHECKLIST**

Operational Information

Message Date _____ Time _____

Transmitted by: Name _____ Position _____

1. Date and Time Event Declared: Date _____ Time: _____

2. Cause of event: Primary Initiating Condition used for declaration

EAL# _____

Description of the event:

33FT. LEVEL WIND DIRECTION (From): _____ WIND SPEED _____
(From MET Computer) (DEGREES) (MPH)

3. Status of the Reactors	Mode: (Power, Startup, Hot Standby, Hot S/D, Cold S/D, Refuel)	Rx Pressure	Hottest Core Exit TC / Rx Temp	Rx Water Level
Salem 1		psig	°F	covered
Salem 2		psig	°F	covered
Hope Creek		psig	°F	in.

	Salem 1		Salem 2		Hope Creek	
	YES	NO	YES	NO	YES	NO
4. Is offsite power available?						
5. Are two or more diesel generators operable?						
6. Did any Emergency Core Cooling Systems actuate?						
7. Is any Containment Barrier failed? (Loss per EAL section 3.3)						
8. Radiological release (> Tech Spec Limit) in progress		X		X		X

9. Other pertinent information _____

EC Initials
(Approval to Transmit ICMF)

Initials

- ___ 5. IF NOT done previously,
THEN NOTIFY the **Operations Manager (OM)**.
- _____ notified at _____ hrs
name time
- ___ 6. NOTIFY the **Public Information Manager (PIM) - Nuclear**.
- _____ notified at _____ hrs
name time
- ___ 7. NOTIFY **Nuclear Licensing**.
- _____ notified at _____ hrs
name time
- ___ 8. NOTIFY **External Affairs**.
- _____ notified at _____ hrs
name time
- ___ 9. FAX the NRC Data Sheet to BOTH **Public Information** and **Licensing** using the programmed phone numbers on the telecopier.

II. REPORTING

Initials

- ____ 1. ENSURE that a Notification is prepared.
OS
Notification # _____
- ____ 2. FORWARD this attachment, along with the NRC Data Sheet and any supporting
OS documentation, to the Operations Manager (OM).
- ____ 3. REVIEW this ECG attachment, the Notification and any other relevant information for
OM correct classification of event and corrective action taken.
- ____ 4. FORWARD this attachment and any other supporting documentation to the LER
OM Coordinator (LERC).
- ____ 5. PREPARE required reports.
LERC
Report or LER Number _____
- ____ 6. FORWARD this attachment to the Manager - Licensing (MNL).
LERC
- ____ 7. ENSURE offsite (state and local) reporting requirements are met.
MNL
- ____ 8. FORWARD this Attachment/LER package to the Central Technical Document Room
MNL for microfilming.

ATTACHMENT 11
ONE HOUR REPORT
(COMMON SITE)
SECURITY/SAFEGUARDS

NOTE

ONLY one OS, Hope Creek or Salem is required to report this event which is common to BOTH stations.

I. **EVENT ASSESSMENT AND DETERMINATION OF NOTIFICATION RESPONSIBILITY**

Initials

- ___ 1. NOTIFY the **Hope Creek OS** (NETS x5224; DID 3027, 3059).
- ___ 2. DETERMINE which Station OS will implement this attachment.
- ___ 3. IF the Salem OS is responsible for this notification,
THEN IMMEDIATELY CONTINUE with this attachment.
- ___ 4. IF the Hope Creek OS will implement this attachment,
THEN NO further actions are required by Salem except to lend assistance as necessary in restoring the lost equipment or capabilities.

INSTRUCTIONS (SALEM OS or Designee)

- A. REFER to Attachment 9, Non-Emergency Notifications Reference, for the current listing of individuals and phone numbers.
- B. INITIAL each step when completed.
- C. Implemented by: _____ Date: _____

II. **NOTIFICATIONS**

- ___ 1. COMPLETE an NRC Data Sheet.
 - () OBTAIN a copy from ECG Attachment 5.
 - () OBTAIN assistance from Security personnel, as needed.
 - () ENSURE OS approval.

Initials

- ____ 2. NOTIFY the **NRC Operations Center** of the event **within 1 hour**.
() RECORD additional information provided to the NRC on the NRC Data Sheet.

_____ notified at _____ hrs
name time

- ____ 3. NOTIFY the **NRC Resident Inspector**.

_____ notified at _____ hrs
name time

- ____ 4. IF NOT done previously,
THEN NOTIFY the **Operations Manager (OM)**.

_____ notified at _____ hrs
name time

- ____ 5. NOTIFY the **Public Information Manager (PIM) - Nuclear**.

_____ notified at _____ hrs
name time

- ____ 6. NOTIFY **Nuclear Licensing**.

_____ notified at _____ hrs
name time

- ____ 7. NOTIFY **External Affairs**.

_____ notified at _____ hrs
name time

- ____ 8. FAX the NRC Data Sheet to BOTH **Public Information** and **Licensing** using the programmed phone numbers on the telecopier.

- ____ 9. WHEN Security provides updated information on the event.
THEN NOTIFY the **NRC Operations Center** with appropriate updates on the event.

_____ notified at _____ hrs
name time

III. REPORTING

Initials

- ____
OS

1. ENSURE that a Notification is prepared.
Notification # _____
- ____
OS

2. FORWARD this attachment, along with the NRC Data Sheet and any supporting documentation, to the Operations Manager (OM).
- ____
OM

3. REVIEW this ECG attachment, the Notification and any other relevant information for correct classification of event and corrective action taken.
- ____
OM

4. CONTACT the **Nuclear Security Support Supervisor (NSSS)**;
() FORWARD this attachment and any other supporting documentation received from the OS.
() REQUEST a written report (**required 30 days after the event**).
- ____
NSSS

5. PREPARE the required Safeguards Event Report (30 day) IAW Security Contingency Plan Procedure, SCP-14.
- ____
NSSS

6. FORWARD this attachment to the Manager - Licensing (MNLR).
- ____
MNLR

7. ENSURE offsite (state and local) reporting requirements are met.
- ____
MNLR

8. FORWARD this Attachment LER package to the Central Technical Document Room for microfilming.

Initials

____ 6. NOTIFY **Nuclear Licensing**.

_____ notified at _____ hrs
name time

____ 7. IF a major loss of communications capability has occurred (such as loss of ENS, NETS, DID, etc.)

THEN NOTIFY:

I.T. Client Service Center: (201-430-7500 or ESSX 7500)

() a. ENTER [1 - 3 - 1] in response to the automated answering system prompts.

() b. NOTIFY the Operator that the failed system is an "Emergency Priority Circuit."

_____ notified at _____ hrs
name time

____ 8. NOTIFY **External Affairs**.

_____ notified at _____ hrs
name time

____ 9. IF this report is being made due to exceeding a Technical Specification Safety Limit.

THEN NOTIFY the **senior corporate nuclear officer within 24 hours**.

_____ notified at _____ hrs
name time

AND NOTIFY the **Director-Quality, NT and EP (senior manager responsible for independent nuclear safety assessment activities and quality program oversight) within 24 hours**.

_____ notified at _____ hrs
name time

____ 10. FAX the NRC Data Sheet to BOTH **Public Information** and **Licensing** using the programmed phone numbers on the telecopier.

II. REPORTING

Initials

1. ENSURE that a Notification is prepared.
OS
Notification # _____
2. FORWARD this attachment, along with the NRC Data Sheet and any supporting
OS documentation, to the Operations Manager (OM).
3. REVIEW this ECG attachment, the Notification and any other relevant information for
OM correct classification of event and corrective action taken.
4. FORWARD this attachment and any other supporting documentation to the LER
OM Coordinator (LERC).
5. PREPARE required reports.
LERC
Report or LER Number _____
6. FORWARD this attachment to the Manager - Licensing (MNLR).
LERC
7. ENSURE offsite (state and local) reporting requirements are met.
MNLR
8. FORWARD this Attachment/LER package to the Central Technical Document Room
MNLR for microfilming.

ATTACHMENT 13
FOUR HOUR REPORT
CONTAMINATION EVENTS OUTSIDE OF THE RCA

INSTRUCTIONS (SALEM OS or Designee)

A. REFER to Attachment 9, Non-Emergency Notifications Reference, for the current listing of individuals and phone numbers.

B. INITIAL each step when completed.

C. Implemented by: _____ Date: _____

I. NOTIFICATIONS

Initials

____ 1. RECORD the location of the Contaminated Area(s): _____

____ 2. DIRECT the **Shift Radiation Protection Technician (SRPT)** to IMPLEMENT the Onsite Contamination Event Checklist (Pages 5 - 7) of this attachment and ASSUME responsibility as the Interim **Radiological Incident Response Coordinator (RIRC)**.

name notified at _____ hrs
time

____ 3. IF routinely accessed areas are contaminated,
THEN use the Plant PA System to warn personnel to stand clear of those areas.

____ 4. NOTIFY a **Radiological Support (RS) Representative**;
 a. DIRECT the RS individual to REPORT to the Plant and ASSUME RIRC responsibility by relieving the SRPT.
 b. PROVIDE the name of the SRPT and the location of the Incident Response Control Center, if established.

name notified at _____ hrs
time

Initials

- ____ 5. NOTIFY the **Hope Creek OS** (NETS x5224; DID x3027, or x3059)
- () a. PROVIDE a brief description of the event.
 - () b. DIRECT a similar PA announcement be made at Hope Creek to warn personnel.
 - () c. OBTAIN any available support needed to monitor and control the spread of contamination.

_____ notified at _____ hrs
name time

- ____ 6. NOTIFY **Environmental Licensing** and DIRECT that any notifications IAW the DPCC/DCR Plan be made as required.

_____ notified at _____ hrs
name time

- ____ 7. COMPLETE an NRC Data Sheet.
- () OBTAIN a copy from ECG Attachment 5.
 - () OBTAIN assistance from Radiation Protection personnel, as needed.
 - () OBTAIN OS approval.

- ____ 8. NOTIFY the **LAC Dispatcher** of the event.

_____ notified at _____ hrs
name time

- ____ 9. NOTIFY the **Public Information Manager (PIM) - Nuclear**.

_____ notified at _____ hrs
name time

- ____ 10. NOTIFY the **NRC Operations Center** of the event **within 4 hours**.
- () RECORD additional information provided to the NRC on the NRC Data Sheet.

_____ notified at _____ hrs
name time

- ____ 11. NOTIFY the **NRC Resident Inspector**.

_____ notified at _____ hrs
name time

Initials

II. REPORTING

1. ENSURE that a Notification is prepared.
OS
Notification # _____
2. FORWARD this attachment, along with the NRC Data Sheet and any supporting
OS documentation, to the Operations Manager (OM).
3. REVIEW this ECG attachment, the Notification and any other relevant information for
OM correct classification of event and corrective action taken.
4. FORWARD this attachment and any other supporting documentation to the LER
OM Coordinator (LERC).
5. PREPARE required reports.
LERC
Report or LER Number _____
6. FORWARD this attachment to the Manager - Licensing (MNL).
LERC
7. ENSURE offsite (state and local) reporting requirements are met.
MNL
8. FORWARD this Attachment/LER package to the Central Technical Document Room
MNL for microfilming.

ONSITE CONTAMINATION EVENT CHECKLIST

(Page 1 of 3)

A. PURPOSE

This checklist provides general guidance to the Interim and Long Term **Radiological Incident Response Coordinator (RIRC)** for the purpose of establishing Command and Control authority and responsibility for the non-emergency coordination of Nuclear Business Unit resources in mitigating the consequences of a radiological incident outside the normal RCA.

B. RESPONSIBILITY - Checklist Implemented By;

Name: _____ Time: _____ Date: _____
Interim RIRC (or SRPT)

Name: _____ Time: _____ Date: _____
Long Term RIRC

RIRC INSTRUCTIONS:

1. Checklist steps DO NOT need to be performed in order.
2. INITIAL or N/A each step as appropriate.
3. IF an emergency is declared,
THEN CONSULT with the Emergency Coordinator (EC) to determine revised priorities of the EC based upon current circumstances.

C. INITIAL ACTIONS

Initials/
Date/Time

1.	PERFORM surveys to establish contaminated area boundaries. (Temporary RCA)	
2.	POST signs and set up barriers (ropes) () RESTRICT access to the Temporary RCA until posted () <u>IF</u> access <u>CANNOT</u> be adequately controlled with available RP personnel. <u>THEN</u> request assistance from Security .	
3.	DIRECT Security to prohibit vehicles from entering any affected portion of the Owner Controlled Area (OCA).	
4.	<u>IF</u> areas within the Protected Area that can be routinely accessed are contaminated. <u>THEN</u> PROVIDE personnel monitoring at the Security Center.	
5.	NOTIFY the Salem RP Superintendent .	
6.	PROVIDE a briefing to the Hope Creek RP Superintendent and OBTAIN resource assistance (material and personnel), as needed.	

ONSITE CONTAMINATION EVENT CHECKLIST

(Page 2 of 3)

D. SUBSEQUENT ACTIONS

Initials/
 Date/Time

1.	ESTABLISH an Incident Response Control Center in an accessible location. (e.g., TSC, NOSF, RP Office Area) Location:	
2.	MAINTAIN a response log.	
3.	IF recovery actions will take > 24 hours, THEN DEVELOP an interim organization to handle the following aspects of the event; <ul style="list-style-type: none"> • Site Characterization and Decontamination • Dose Assessment • Communications • Site Access Control • Document Control 	

• **SITE CHARACTERIZATION AND DECONTAMINATION**

4.	DEVELOP a map of the contaminated areas. () ENSURE consistent survey techniques and reporting units are used.	
5.	PERFORM isotopic analysis on several samples before decontamination activities begin.	
6.	REDUCE contamination < LLD, if reasonably achievable.	
7.	IF contamination <u>CANNOT</u> be reduced < LLD, THEN CONSIDER fixing the contamination to prevent further spreading.	

• **DOSE ASSESSMENT**

8.	ESTABLISH a list of individuals who may have been contaminated.	
9.	IF the potential for personnel contamination is high among those who have left the Site, THEN CONSIDER having those individuals recalled.	
10.	IF recalled personnel are contaminated or may have carried contamination offsite, THEN CONSIDER surveying their clothing, vehicles, and homes.	
11.	PERFORM internal dose calculations and calculate external dose from groundshine. (both realistic and bounding case assessments)	
12.	PERFORM confirmatory WB Counts, as required.	
13.	COLLECT and PROCESS TLDs, as required.	

ONSITE CONTAMINATION EVENT CHECKLIST
 (Page 3 of 3)

D. SUBSEQUENT ACTIONS (cont'd)

• DOSE ASSESSMENT (cont'd)

Initials/
 Date/Time

14.	IF a radiological release from a plant system has occurred, THEN CALCULATE the source term (total amount of radioactive material released).	
-----	---	--

• COMMUNICATIONS

15.	ENSURE <u>ALL</u> Site Personnel are INFORMED as to the location of contaminated areas and any additional monitoring requirements via posting in the Security Center. () UPDATE postings periodically, as needed.	
16.	DEVELOP a communications plan to provide frequent updates to plant personnel.	

• DOCUMENTATION

17.	OBTAIN copies of <u>ALL</u> surveys, sample results and other related documentation AND ENSURE they are placed in the Radiological Support files.	
18.	FORWARD records of residual contamination, including contamination that was fixed in place, to Nuclear Licensing for inclusion in the 10CFR50.75(g) file.	
19.	RETURN this checklist to the Salem OS after all items on the checklist have been addressed.	

PSE&G ECG
CONTROL ATT 14
COPY # Pg. 1 of 3
SEC60101

ATTACHMENT 14

FOUR HOUR REPORT - NRC OPERATIONS

INSTRUCTIONS (SALEM OS or Designee)

A. REFER to Attachment 9, Non-Emergency Notifications Reference, for the current listing of individuals and phone numbers.

B. INITIAL each step when completed.

C. Implemented by: _____ Date: _____

I. NOTIFICATIONS

Initials

- ____ 1. COMPLETE an NRC Data Sheet.
() OBTAIN a copy from ECG Attachment 5.
() OBTAIN assistance from Radiation Protection personnel, as needed.
() OBTAIN OS approval.
- ____ 2. NOTIFY the **NRC Operations Center** of the event **within 4 hours**.
() RECORD additional information provided to the NRC on the NRC Data Sheet.
_____ notified at _____ hrs
name time
- ____ 3. NOTIFY the **NRC Resident Inspector**.
_____ notified at _____ hrs
name time
- ____ 4. NOTIFY the **LAC Dispatcher** of the event.
_____ notified at _____ hrs
name time
- ____ 5. NOTIFY the **Public Information Manager (PIM) - Nuclear**.
_____ notified at _____ hrs
name time

Initials

____ 6. IF NOT done previously,
THEN NOTIFY the **Operations Manager (OM)**.

_____ notified at _____ hrs
name time

____ 7. **NOTIFY Nuclear Licensing,**

- for all events, provide a description and briefing of the event
- if RAL 11.8.2.a was declared, direct licensing representative to contact the BNE within 4 hours of the event.

_____ notified at _____ hrs
name time

____ 8. **NOTIFY External Affairs.**

_____ notified at _____ hrs
name time

____ 9. FAX the NRC Data Sheet to BOTH **Public Information** and **Licensing** using the programmed phone numbers on the telecopier.

II. REPORTING

Initials

- ____
OS

1. ENSURE that a Notification is prepared.
Notification # _____
- ____
OS

2. FORWARD this attachment, along with the NRC Data Sheet and any supporting documentation, to the Operations Manager (OM).
- ____
OM

3. REVIEW this ECG attachment, the Notification and any other relevant information for correct classification of event and corrective action taken.
- ____
OM

4. FORWARD this attachment and any other supporting documentation to the LER Coordinator (LERC).
- ____
LERC

5. PREPARE required reports.
Report or LER Number _____
- ____
LERC

6. FORWARD this attachment to the Manager - Licensing.
- ____
MNL

7. ENSURE offsite (state and local) reporting requirements are met.
- ____
MNL

8. FORWARD this Attachment I.ER package to the Central Technical Document Room for microfilming.

PSE&G
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ECG
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ATTACHMENT 15

ENVIRONMENTAL PROTECTION PLAN

INSTRUCTIONS (SALEM OS or Designee)

A. REFER to Attachment 9, Non-Emergency Notifications Reference, for the current listing of individuals and phone numbers.

B. INITIAL each step when completed.

C. Implemented by: _____ Date: _____

I. NOTIFICATIONS

Initials

_____ 1. RECORD the Event Description: _____

NOTE

Environmental Licensing will make the Determination of Reportability for Unusual or Important Environmental Events. They will also make the 24 hour report to other agencies.

_____ 2. NOTIFY **Environmental Licensing**.

_____ notified at _____ hrs _____
name time report#

- () a. OBTAIN a Determination of Reportability (check below).
- () b. RECORD "Determination Time" _____ hrs
- () c. CONTINUE based on the Determination, as follows:
 - () 1) **4 Hour Report** to the NRC.
EXIT this Attachment AND REFER to RAL # 11.8.2.a.
 - () 2) **24 Hour Report** to the NRC Resident.
GO TO Step 3
 - () 3) Not reportable to the NRC.
GO TO Section II, Pg. 3

NOTE

Required reports shall be made within the appropriate time limits from the Determination Time established in Step 2. above.

Initials

____ 3. NOTIFY the NRC Resident Inspector within 24 hours.

_____ notified at _____ hrs
name time

____ 4. IF the NRC Resident Inspector CANNOT be notified,
THEN NOTIFY the NRC Operations Center within 24 hours.

_____ notified at _____ hrs
name time

____ 5. IF NOT done previously,
THEN NOTIFY the Operations Manager (OM).

_____ notified at _____ hrs
name time

II. REPORTING

Initials

- OS 1. ENSURE that a Notification is prepared.
Notification # _____
- OS 2. FORWARD this attachment, along with the Notification and any supporting documentation to the Operations Manager (OM).
- OM 3. REVIEW this ECG attachment, the Notification and any other relevant information for correct classification of event and corrective action taken.
- OM 4. FORWARD this attachment and any other supporting documentation to the LER Coordinator (LERC).
- LERC 5. PREPARE required reports.
Report or LER Number _____
- LERC 6. FORWARD this attachment to the Manager - Licensing.
- MNLR 7. ENSURE offsite (state and local) reporting requirements are met.
- MNLR 8. FORWARD this Attachment/LER package to the Central Technical Document Room for microfilming.

ATTACHMENT 17
FOUR HOUR REPORT
FATALITY OR MEDICAL EMERGENCY

INSTRUCTIONS (SALEM OS or Designee)

A. REFER to Attachment 9, Non-Emergency Notifications Reference, for the current listing of individuals and phone numbers.

B. INITIAL each step when completed.

C. Implemented by: _____ Date: _____

I. NOTIFICATIONS

Initials

_____ 1. IF NOT done previously.
THEN IMPLEMENT SC.FP-EO.ZZ-0003(Z), Control Room Medical Emergency Response.

_____ 2. COMPLETE an NRC Data Sheet.
 OBTAIN a copy from ECG Attachment 5.
 OBTAIN assistance from Radiation Protection personnel, as needed.
 OBTAIN OS approval.

_____ notified at _____ hrs
name time

_____ 3. NOTIFY the **LAC Dispatcher** of the event.

_____ notified at _____ hrs
name time

_____ 4. NOTIFY the **NRC Operations Center** of the event **within 4 hours**.

RECORD additional information provided to the NRC on the NRC Data Sheet.

_____ notified at _____ hrs
name time

Initials

____ 5. NOTIFY the **NRC Resident Inspector**.

_____ notified at _____ hrs
name time

____ 6. IF NOT done previously,
THEN NOTIFY the **Operations Manager (OM)**.

_____ notified at _____ hrs
name time

____ 7. NOTIFY the **Public Information Manager (PIM) - Nuclear**.

_____ notified at _____ hrs
name time

____ 8. NOTIFY **Nuclear Licensing**.

_____ notified at _____ hrs
name time

____ 9. IF transportation of personnel to an Offsite Medical Facility is required,
THEN:

() a. COMPLETE the report on Pg. 4 of this attachment.

() b. NOTIFY the **Safety Coordinator** (refer to Pg. 4)

_____ notified at _____ hrs
name time

____ 10. IF an NBU Employee has died or been seriously injured, THEN;

() a. NOTIFY the **employee's department manager**

() b. DIRECT the manager to coordinate notification of the employee's family.

_____ notified at _____ hrs
name time

____ 11. NOTIFY **External Affairs**.

_____ notified at _____ hrs
name time

Initials

- _____ 12. FAX the NRC Data Sheet to BOTH Public Information and Licensing using the programmed phone numbers on the telecopier.

II. REPORTING

- _____ 1. ENSURE that an Injury Report is completed.
OS

- _____ 2. ENSURE that a Notification is prepared.
OS
Notification # _____

- _____ 3. FORWARD this attachment, along with the NRC Data Sheet and any supporting documentation, to the Operations Manager (OM).
OS

- _____ 4. REVIEW this ECG attachment, the Notification and any other relevant information for correct classification of event and corrective action taken.
OM

- _____ 5. FORWARD this attachment and any other supporting documentation to the LER Coordinator (LERC).
OM

- _____ 6. PREPARE required reports.
LERC
Report or LER Number _____

- _____ 7. FORWARD this attachment to the Manager - Licensing.
LERC

- _____ 8. ENSURE offsite (state and local) reporting requirements are met.
MNL

- _____ 9. FORWARD this Attachment LER package to the Central Technical Document Room for microfilming
MNL

**REPORT OF SERIOUS INJURY/DEATH
NUCLEAR BUSINESS UNIT EMPLOYEE**

EMPLOYEE INFORMATION

NAME _____ EMPLOYEE # _____ AGE _____

HOME ADDRESS _____

HOME PHONE # _____ MARITAL STATUS _____

JOB TITLE _____ LOCATION _____

SOCIAL SECURITY # _____

ACCIDENT/INJURY DESCRIPTION

DATE OF ACCIDENT _____ TIME _____ AM/PM

DID INJURIES RESULT IN DEATH YES NO

EXTENT OF INJURIES _____

DESCRIPTION OF ACCIDENT _____

WHERE TAKEN AFTER ACCIDENT _____

<u>SAFETY COORD.</u>	<u>WORK #</u>	<u>HOME #</u>	<u>PAGER #</u>
Cliff Knaub	2812	856-358-3074	277-3789
Marvin White	2965	856-769-1930	277-4057
Skip Yeich	5680	856-678-6625	277-4051

ATTACHMENT 18
FOUR HOUR REPORT
RADIOLOGICAL TRANSPORTATION ACCIDENT

INSTRUCTIONS (SALEM OS or Designee)

A. Contact the Shift Radiation Protection Technician for immediate access to shipment information for emergency responders

B. REFER to Attachment 9, Non-Emergency Notifications Reference, for the current listing of individuals and phone numbers.

C. INITIAL each step when completed.

D. Implemented by: _____ Date: _____

I. NOTIFICATIONS

Initials

- _____ 1. COMPLETE the **ACCIDENT NOTIFICATION FORM** (last page) with initial details received regarding the accident.
- _____ 2. OBTAIN a copy of the applicable Radwaste Shipping document for reference during subsequent notifications.
- _____ 3. IF PSEG is the carrier (driver is a PSEG employee),
THEN NOTIFY the **Department of Transportation (DOT)** at 1-800-424-8802.
- () PROVIDE all information recorded on the ACCIDENT NOTIFICATION FORM.
- () RECORD any additional information requested by DOT.
- _____ notified at _____ hrs
name time
- _____ 4. DIRECT the **Radiation Protection Manager** (or alternate) to contact the carrier's dispatcher and coordinate assistance in implementing PSEG's response, as required.
- _____ notified at _____ hrs
name time

Initials

- ____ 5. COMPLETE an NRC Data Sheet.
() OBTAIN a copy from ECG Attachment 5.
() OBTAIN assistance from Radiation Protection personnel, as needed.
() OBTAIN OS approval.
- ____ 6. NOTIFY the **Public Information Manager (PIM) - Nuclear**.
____ notified at ____ hrs
name time
- ____ 7. NOTIFY the **NRC Operations Center within 4 hours**.
() RECORD additional information provided to the NRC on the NRC Data Sheet.
____ notified at ____ hrs
name time
- ____ 8. NOTIFY the **NRC Resident Inspector**.
____ notified at ____ hrs
name time
- ____ 9. IF NOT done previously,
THEN NOTIFY the **Operations Manager (OM)**.
____ notified at ____ hrs
name time
- ____ 10. NOTIFY **Nuclear Licensing**.
____ notified at ____ hrs
name time
- ____ 11. NOTIFY **External Affairs**.
____ notified at ____ hrs
name time
- ____ 12. FAX the NRC Data Sheet to BOTH **Public Information** and **Licensing** using the programmed phone numbers on the telecopier.

II. REPORTING

Initials

1. ENSURE that a Notification is prepared.
OS
Notification # _____
2. FORWARD this attachment, along with the NRC Data Sheet and any supporting
OS documentation, to the Operations Manager (OM).
3. REVIEW this ECG attachment, the Notification and any other relevant information for
OM correct classification of event and corrective action taken.
4. FORWARD this attachment and any other supporting documentation to the LER
OM Coordinator (LERC).
5. PREPARE required reports.
LERC
Report or LER Number _____
6. FORWARD this attachment to the Manager - Licensing.
LERC
7. ENSURE offsite (state and local) reporting requirements are met.
MNLR
8. FORWARD this Attachment/LER package to the Central Technical Document Room
MNLR for microfilming.

**RADIOLOGICAL TRANSPORTATION ACCIDENT
NOTIFICATION FORM**

INSTRUCTIONS:

- A. RECORD the minimum information required for an effective PSEG response.
- B. RECORD any additional information provided as requested by the DOT.

Time of Call	Caller's Name:	Phone Number:

Are you the driver? YES NO

IF YES, Trucking Company Name: _____

IF NO, What is the status of the driver? _____

LOCATION of Accident:

Roadway/Mile Marker/Intersection	City/Town	State

Number of Vehicles involved? 1 - 2 - 3 - 4 - 5 - _____

State or Local Police on the scene? YES NO

Any personnel injuries? YES NO

Any Fire involving truck contents? YES NO

Trucking Company Dispatcher notified? YES NO

Extent of damage to truck/trailer, container and contents:

ASK THE CALLER TO DO THE FOLLOWING:

- A. IF NOT yet done, NOTIFY the State or Local Police.
- B. IF possible, ENSURE assistance personnel at the accident scene do the following:
 - 1. TAKE all practical measures to protect life and property,
THEN stay back and wait for trained emergency personnel.
 - 2. REMAIN upwind of the accident, DO NOT track thru any spills.

PSE&G ECG
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ATTACHMENT 19

TWENTY-FOUR HOUR REPORT
FITNESS FOR DUTY (FFD) PROGRAM EVENTS

INSTRUCTIONS (SALEM OS or Designee)

A. REFER to Attachment 9, Non-Emergency Notifications Reference, for the current listing of individuals and phone numbers.

B. INITIAL each step when completed.

C. Implemented by: _____ Date: _____

CAUTION

The determination of reportability of significant FFD events is the responsibility of the Medical Review Officer (MRO).

In order to ensure compliance with NRC notification requirements of 10CFR26.73 and also protect the rights of the individual(s) involved, information provided to any of the below contacts SHALL be limited to that supplied by the MRO or designee.

I. NOTIFICATIONS

Initials

- ____ 1. COMPLETE the significant FFD Event report form (last page) with the details received from the **Medical Review Officer (MRO)** or designee per NC.NA-AP.ZZ-0042(Q).
- ____ 2. NOTIFY the **NRC Operations Center within 24 hours** of the time of discovery provided by the MRO.
- _____ notified at _____ hrs
name time
- ____ 3. NOTIFY the **NRC Resident Inspector**.
- _____ notified at _____ hrs
name time

Initials

- _____ 4. IF NOT done previously,
THEN NOTIFY the **Operations Manager (OM)**.
_____ notified at _____ hrs
name time
- _____ 5. Notify the **Public Information Manager (PIM) - Nuclear**

II. REPORTING

CAUTION

ALL records of this report shall be handled as CONFIDENTIAL.

- _____ 1. ENSURE that a Notification is prepared. |
OS Notification # _____
- _____ 2. FORWARD this attachment, along with any supporting documentation, to the |
OS Operations Manager (OM).
- _____ 3. REVIEW this ECG attachment, the Notification and any other relevant information for |
OM correct classification of event and corrective action taken.
- _____ 4. FORWARD this attachment and any other supporting documentation to the Medical |
OM Review Officer (MRO) at the Processing Center MC - N06.
- _____ 5. RETAIN this information on file IAW Nuclear Medical Department Standard Operating |
MRO Procedures AND
ENSURE that this event is included in the 6 month FFD Report to the NRC.

CONFIDENTIAL
FITNESS FOR DUTY (FFD) PROGRAM EVENT
NRC NOTIFICATION REPORT FORM

INSTRUCTIONS:

- A. OS should use this form to document the details of any FFD event determined by the Medical Review Officer (MRO) to be reportable per 10CFR26.73.
- B. Initial **NRC report** shall be completed within 24 hours from the time of discovery by the licensee, as determined by the MRO.
- C. **IF the NRC FFD Representative** requires additional or more detailed information, the NRC shall directly contact the MRO.

NRC NOTIFICATION:

Notification Time: _____ OS (name) _____

Facility: Salem/ Hope Creek Call back phone # 609-339-_____

EVENT DETAILS:

1. Medical Review Officer or designee: _____
Call back phone # 856-339-5601 (name)
2. Reporting Event
 - () Sale, use, or possession of illegal drugs within the **Protected Area** [10CFR26.73(a)(1)] OR
 - () Any acts, by **Licensed Reactor Operators or Supervisory personnel:** [10CFR26.73(a)(2)]
 - () Involving the sale, use, or possession of a controlled substance. (i)
 - () Resulting in a confirmed positive test on such persons. (ii)
 - () Involving use of alcohol within the **Protected Area.** (iii)
 - () Resulting in the determination of unfitness for scheduled work due to consumption of alcohol. (iv)
 - () False Positive Lab Blind Performance Test Results due to an administrative error. [10CFR26. APP. A, 2.8(e)(5)]
 - () Any other FFD related event determined reportable by the MRO IAW **NC.NA-AP.ZZ-0042(Q).**
3. Discovery Time: _____ hrs on _____ (date)
4. Work Dept. of individual(s):

5. Has plant safety been affected ? YES NO
6. Corrective actions taken or planned ?

7. Other pertinent information _____

Initials

- ____ 5. NOTIFY the **Public Information Manager (PIM) - Nuclear**.
_____ notified at _____ hrs
name time
- ____ 6. NOTIFY **Nuclear Licensing**.
_____ notified at _____ hrs
name time
- ____ 7. NOTIFY **External Affairs**.
_____ notified at _____ hrs
name time
- ____ 8. FAX the NRC Data Sheet to BOTH **Public Information** and **Licensing** using the programmed phone numbers on the telecopier.

II. REPORTING

Initials

1. ENSURE that a Notification is prepared.
OS
Notification # _____
2. FORWARD this attachment, along with the NRC Data Sheet and any supporting
OS documentation, to the Operations Manager (OM).
3. REVIEW this ECG attachment, the Notification and any other relevant information for
OM correct classification of event and corrective action taken.
4. FORWARD this attachment and any other supporting documentation to the LER
OM Coordinator (LERC).
5. PREPARE required reports.
LERC
Report or LER Number _____
6. FORWARD this attachment to the Manager - Licensing.
LERC
7. ENSURE offsite (state and local) reporting requirements are met.
MNLR
8. FORWARD this Attachment/LER package to the Central Technical Document Room
MNLR for microfilming.

PSE&G ECG
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ATTACHMENT 21
REPORTABLE EVENT
LAC/MEMORANDUM OF UNDERSTANDING (M.O.U.)

INSTRUCTIONS (SALEM OS or Designee)

A. REFER to Attachment 9, Non-Emergency Notifications Reference, for the current listing of individuals and phone numbers.

B. INITIAL each step when completed.

C. Implemented by: _____ Date: _____

I. NOTIFICATIONS

Initials

____ 1. PROVIDE an event description: _____

____ 2. NOTIFY the **LAC Dispatcher** within four hours of the event.
_____ notified at _____ hrs
name time

____ 3. IF NOT done previously,
THEN NOTIFY the **Operations Manager (OM)**.
_____ notified at _____ hrs
name time

____ 4. NOTIFY the **Public Information Manager (PIM) - Nuclear**.
_____ notified at _____ hrs
name time

Initials

____ 5. NOTIFY **External Affairs**.

_____ notified at _____ hrs
name time

II. REPORTING

____ 1. ENSURE that a Notification is prepared.

OS

Notification # _____

____ 2. FORWARD this attachment, along with any supporting documentation, to the
Operations Manager (OM).

OS

____ 3. REVIEW this ECG attachment, the Notification and any other relevant information for
correct classification of event and corrective action taken.

OM

____ 4. FORWARD this attachment and any other supporting documentation to the LER
Coordinator (LERC).

OM

____ 5. PREPARE required reports.

LERC

Report or LER Number _____

____ 6. FORWARD this attachment to the Manager - Licensing.

LERC

____ 7. ENSURE offsite (state and local) reporting requirements are met.

MNLR

____ 8. FORWARD this Attachment LER package to the Central Technical Document Room
for microfilming.

MNLR

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ATTACHMENT 22

T/S REQUIRED ENGINEERING EVALUATION

INSTRUCTIONS (SALEM OS or Designee)

A. REFER to Attachment 9, Non-Emergency Notifications Reference, for the current listing of individuals and phone numbers.

B. INITIAL each step when completed.

C. Implemented by: _____ Date: _____

I. NOTIFICATIONS

NOTE

This attachment is for initiating an Engineering Evaluation required by Technical Specifications. No Offsite or external notifications are performed by this attachment, but should be implemented as determined by the results of the evaluation.

Initials

____ 1. PROVIDE an event description: _____

CAUTION

Refer to the ECG sections related to the Initiating Conditions of this event to determine if any NRC notifications are also required.

____ 2. IF ANY NRC Notifications are ALSO required.
THEN IMPLEMENT the other referenced attachment in parallel with this one.

Initials

____ 3. NOTIFY the **Technical Manager or Technical Engineer** with details of the event.

_____ notified at _____ hrs
name time

____ 4. IF NOT done previously,
THEN NOTIFY the **Operations Manager (OM)**.

_____ notified at _____ hrs
name time

II. REPORTING

____ 1. ENSURE that a Notification is prepared.

OS

Notification # _____

____ 2. FORWARD this attachment, along with any supporting documentation, to the
Operations Manager (OM).

OS

____ 3. REVIEW this ECG attachment, the Notification and any other relevant information for
correct classification of event and corrective action taken.

OM

____ 4. FORWARD this attachment and any other supporting documentation to the LER
Coordinator (LERC).

OM

____ 5. PREPARE required reports.

LERC

Report or LER Number _____

____ 6. FORWARD this attachment to the Manager - Licensing.

LERC

____ 7. ENSURE offsite (state and local) reporting requirements are met.

MNLR

____ 8. FORWARD this Attachment LER package to the Central Technical Document Room
for microfilming.

MNLR

PSE&G ECG
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ATTACHMENT 26

EIGHT HOUR REPORT - NRC OPERATIONS

INSTRUCTIONS (SALEM OS or Designee)

A. REFER to Attachment 9, Non-Emergency Notifications Reference, for the current listing of individuals and phone numbers.

B. INITIAL each step when completed.

C. Implemented by: _____ Date: _____

I. NOTIFICATIONS

Initials

- _____ 1. COMPLETE an NRC Data Sheet.
() OBTAIN a copy from ECG Attachment 5.
() OBTAIN assistance from Radiation Protection personnel, as needed.
() OBTAIN OS approval.
- _____ 2. NOTIFY the **NRC Operations Center** of the event **within 8 hours**.
() RECORD additional information provided to the NRC on the NRC Data Sheet.
- _____ notified at _____ hrs
name time
- _____ 3. NOTIFY the **NRC Resident Inspector**.
- _____ notified at _____ hrs
name time
- _____ 4. NOTIFY the **LAC Dispatcher** of the event.
- _____ notified at _____ hrs
name time
- _____ 5. NOTIFY the **Public Information Manager (PIM) - Nuclear**.
- _____ notified at _____ hrs
name time

Initials

II. REPORTING

Initials

- OS 1. ENSURE that a Notification is prepared.
Notification # _____
- OS 2. FORWARD this attachment, along with the NRC Data Sheet and any supporting documentation, to the Operations Manager (OM).
- OM 3. REVIEW this ECG attachment, the Notification and any other relevant information for correct classification of event and corrective action taken.
- OM 4. FORWARD this attachment and any other supporting documentation to the LER Coordinator (LERC).
- LERC 5. PREPARE required reports.
Report or LER Number _____
- LERC 6. FORWARD this attachment to the Manager - Licensing.
- MNLR 7. ENSURE offsite (state and local) reporting requirements are met.
- MNLR 8. FORWARD this Attachment/LER package to the Central Technical Document Room for microfilming.

PSE&G ECG
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ATTACHMENT 27

EIGHT HOUR REPORT
MEDICAL EMERGENCY - TRANSPORT OF CONTAMINATED PERSON

INSTRUCTIONS (SALEM OS or Designee)

- A. REFER to Attachment 9, Non-Emergency Notifications Reference, for the current listing of individuals and phone numbers.
- B. INITIAL each step when completed.
- C. Implemented by: _____ Date: _____

I. NOTIFICATIONS

Initials

- ____ 1. IF NOT done previously,
THEN IMPLEMENT SC.FP-EO.ZZ-0003(Z), Control Room Medical Emergency Response.
- ____ 2. COMPLETE an NRC Data Sheet.
 - () OBTAIN a copy from ECG Attachment 5.
 - () OBTAIN assistance from Radiation Protection personnel, as needed.
 - () OBTAIN OS approval._____ notified at _____ hrs
name time
- ____ 3. NOTIFY the LAC Dispatcher of the event.
_____ notified at _____ hrs
name time
- ____ 4. NOTIFY the NRC Operations Center of the event within 8 hours.
 - () RECORD additional information provided to the NRC on the NRC Data Sheet._____ notified at _____ hrs
name time

Initials

____ 5. NOTIFY the **NRC Resident Inspector**.
_____ notified at _____ hrs
name time

____ 6. IF NOT done previously,
THEN NOTIFY the **Operations Manager (OM)**.
_____ notified at _____ hrs
name time

____ 7. NOTIFY the **Public Information Manager (PIM) - Nuclear**.
_____ notified at _____ hrs
name time

____ 8. NOTIFY **Nuclear Licensing**.
_____ notified at _____ hrs
name time

____ 9. IF transportation of personnel to an Offsite Medical Facility is required,
THEN;
() a. COMPLETE the report on Pg. 4 of this attachment.
() b. NOTIFY the **Safety Coordinator** (refer to Pg. 4)
_____ notified at _____ hrs
name time

____ 10. IF an NBU Employee has died or been seriously injured, THEN;
() a. NOTIFY the **employee's department manager**
() b. DIRECT the manager to coordinate notification of the employee's family.
_____ notified at _____ hrs
name time

____ 11. NOTIFY **External Affairs**.
_____ notified at _____ hrs
name time

Initials

- _____ 12. FAX the NRC Data Sheet to **BOTH Public Information and Licensing** using the programmed phone numbers on the telecopier.

II. REPORTING

- _____ 1. ENSURE that an Injury Report is completed.
OS

- _____ 2. ENSURE that a Notification is prepared.
OS
Notification # _____

- _____ 3. FORWARD this attachment, along with the NRC Data Sheet and any supporting documentation, to the Operations Manager (OM).
OS

- _____ 4. REVIEW this ECG attachment, the Notification and any other relevant information for correct classification of event and corrective action taken.
OM

- _____ 5. FORWARD this attachment and any other supporting documentation to the LER Coordinator (LERC).
OM

- _____ 6. PREPARE required reports.
LERC
Report or LER Number _____

- _____ 7. FORWARD this attachment to the Manager - Licensing (MNL).
LERC

- _____ 8. ENSURE offsite (state and local) reporting requirements are met.
MNL

- _____ 9. FORWARD this Attachment LER package to the Central Technical Document Room for microfilming.
MNL

**REPORT OF SERIOUS INJURY/DEATH
NUCLEAR BUSINESS UNIT EMPLOYEE**

EMPLOYEE INFORMATION

NAME _____ EMPLOYEE # _____ AGE _____

HOME ADDRESS _____

HOME PHONE # _____ MARITAL STATUS _____

JOB TITLE _____ LOCATION _____

SOCIAL SECURITY # _____

ACCIDENT/INJURY DESCRIPTION

DATE OF ACCIDENT _____ TIME _____ AM/PM

DID INJURIES RESULT IN DEATH YES NO

EXTENT OF INJURIES _____

DESCRIPTION OF ACCIDENT _____

WHERE TAKEN AFTER ACCIDENT _____

<u>SAFETY COORD.</u>	<u>WORK #</u>	<u>HOME #</u>	<u>PAGER #</u>
Cliff Knaub	2812	856-358-3074	277-3789
Marvin White	2965	856-769-1930	277-4057
Skip Yeich	5680	856-678-6625	277-4051

ATTACHMENT 28

BOILER AND PRESSURE VESSEL REPORTING

INSTRUCTIONS (SALEM OS or Designee)

- A. REFER to Attachment 9, Non-Emergency Notifications Reference for the current listing of, individuals and phone numbers.
- B. INITIAL each indicated step when completed.
- C. Implemented by: _____ Date: _____

I. NOTIFICATIONS

Initials

- ____ 1. NOTIFY State of New Jersey, Chief Inspector of B&PV Compliance within 4 hrs.
Telephone: (609) 984-0626
Fax (609) 984-1577

_____ notified at _____ hrs
name time
- ____ 2. COMPLETE an NRC Data Sheet.
() OBTAIN a copy from ECG Attachment 5.
() OBTAIN assistance from Site Protection and **Environmental Licensing** personnel, as needed.
() ENSURE OS approval.
- ____ 3. NOTIFY NRC Operations Center within 4 hours.
() Use the NRC Data Sheet to record any additional information provided to the NRC.

_____ notified at _____ hrs
name time
- ____ 4. Notify the NRC Resident Inspector.

_____ notified at _____ hrs
name time

Initials

____ 5. NOTIFY **LAC Dispatcher** within 4 hrs.

_____ notified at _____ hrs
name time

____ 6. NOTIFY **Public Information Manager (PIM) - Nuclear.**

_____ notified at _____ hrs
name time

____ 7. NOTIFY **Nuclear Licensing.** Direct licensing representative to contact BNE within 4 hours of the event.

_____ notified at _____ hrs
name time

____ 8. Notify **External Affairs.**

_____ notified at _____ hrs
name time

____ 9. FAX the NRC Data Sheet to BOTH **Public Information** and **Licensing** using the programmed phone numbers on the telecopier.

II. REPORTING

Initials

- ____ 1. ENSURE that a Notification is prepared.
OS
Notification # _____
- ____ 2. FORWARD this attachment, along with the NRC Data Sheet and any supporting
OS documentation to the Operations Manager (OM).
- ____ 3. REVIEW this ECG attachment, the Notification and any other relevant information for
OM correct classification of event and corrective action taken.
- ____ 4. CONTACT the LER Coordinator (LERC) and request that the required written reports be
OM prepared. Provide this attachment and any other supporting documentation received from the OS.
- ____ 5. PROVIDE Environmental Licensing, with a copy of this attachment including the
LERC spill/discharge notification report received from the OS.
- ____ 6. PREPARE LER if required. If an LER is prepared, contact Licensing and ensure that the
LERC information on the LER and on the NJDEP Confirmation Report are consistent.
Report or LER Number _____
- ____ 7. FORWARD this attachment to the Manager - Licensing.
LERC
- ____ 8. ENSURE that offsite (state and local) reporting requirements have been met.
MNL
- ____ 9. Forward this Attachment/LER package to the Central Technical Document Room
MNL for microfilming.

11.0 Reportable Action Levels

11.1 Technical Specifications

PSE&G
CONTROL
COPY # SECG0101

Initiating
Condition

INITIATION OF ANY UNIT SHUTDOWN
REQUIRED BY THE TECHNICAL SPECIFICATIONS
[10CFR50.72(b)(2)(i)]

EXCEEDING ANY TECHNICAL SPECIFICATION
SAFETY LIMIT
[10CFR50.36(c)(1), TS 6.7.1.b]

ANY DEVIATION FROM T/S OR
LICENSE CONDITION PURSUANT TO
10CFR50.54(x) [10CFR50.72(b)(1)]

MODE

1, 2

1, 2, 3, 4, 5 (as applicable in T/S)

All

RAL #

11.1.1.a

11.1.1.b

11.1.1.c

IF

IF

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Unit shutdown is
INITIATED
to comply with
Technical Specifications

Exceeding EITHER one
of the following
Technical Specification Safety Limits:

Deviation from written
procedures because no action
consistent with Technical
Specifications or license
condition can provide adequate
or equivalent protection in an
emergency
(see NC.NA-AP.ZZ-0005(Q) for
guidance on deviation from
procedures)

THEN

THEN

Refer to Attachment 14
4 Hour Report

Refer to Attachment 12
1 Hour Report

Action
Required

11.0 Reportable Action Levels

11.1 Technical Specifications

Initiating
Condition

STEAM GENERATOR TUBE INSPECTIONS WHICH FALL INTO
CATEGORY C-3 THAT HAVE BEEN EVALUATED FOR
REPORTABILITY [10CFR50.72(b)(3)(ii); T/S 4.4.5.2(6.2)]

ABNORMAL DEGRADATION OF THE CONTAINMENT
STRUCTURE DETECTED DURING SHUTDOWN THAT HAS BEEN
EVALUATED FOR REPORTABILITY [10CFR50.72(b)(3)(ii); T/S 4.6.1.6.2]

MODE

5, 6, Defueled

3, 4, 5, 6, Defueled

RAL #

11.1.2.a
IF

11.1.2.b
IF

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Results of SG tube inspections which fall into category
C-3 of T/S 4.4.5.2 (Unit 1) or T/S 4.4.6.2 (Unit 2)

Any abnormal degradation of the Containment structure
detected by visual inspection of exposed accessible interior
and exterior surfaces during shutdown

AND

An engineering evaluation has determined that it is reportable
pursuant to 10CFR50.72(b)(3)(ii)

THEN

Refer to Attachment 26
8 Hour Report

Action
Required

11.0 Reportable Action Levels

11.1 Technical Specifications

Initiating
Condition

VIOLETION OF THE REQUIREMENTS
CONTAINED IN THE OPERATING LICENSE
[Salem U2 Operating License, Sections 2.1]

ANY EVENT REQUIRING AN ENGINEERING EVALUATION BY TECH SPECS OR COMMITMENT
[U1 T/S 3.4.9.1, 3.4.9.2, 3.4.7, 3.7.9, JAN 1983, LTR TO NRC, 3.7.2.1]
[U2 T/S 3.4.10.1, 3.4.10.2, 3.4.8, 3.7.9, JAN 1983, LTR TO NRC, 3.7.2]

MODE

All

All

RAL #

11.1.3.a

11.1.3.b

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IF

IF

Violation of ANY one of the
requirements contained in Section
2.C
(Items 3 through 25)
or Section 2E, 2F or 2G
of the Salem Unit 2 Operating
License

As judged by the OS/EDO, ANY one of the following conditions have been satisfied:

- Any of the T/S LCOs for RCS or PZR heatup or cooldown rates **are exceeded**
- The concentration of either chloride or fluoride in the RCS is in excess of its Steady State Limit for **more than 24 hours** or **in excess of its Transient Limit**, thereby requiring an engineering evaluation to determine the effects of the out of limit condition on the structural integrity of the RCS
- **One or more** snubbers are found to be INOPERABLE and require an engineering evaluation performed in accordance with T.S.4.7.9 action statement
- Any PZR code safety valve **discharges**
- The temperature of EITHER the Primary or Secondary Coolant in any S/G is $\leq 70^\circ \text{ F}$ WHEN the pressure of either the Primary or Secondary Coolant in the S/G is $> 200 \text{ psig}$

THEN

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Action
Required

Refer to Attachment 20
24 Hour Report

Refer to Attachment 22
OTHER Report

PSE&G
CONTROL
COPY # SECG0101

11.0 Reportable Action Levels

11.2 Degraded or Unanalyzed Condition

Initiating
Condition

ANY EVENT OR CONDITION THAT RESULTS IN THE
CONDITION OF THE PLANT BEING SERIOUSLY DEGRADED
[10CFR50.72(b)(3)(ii)]

EVENT/CONDITION THAT COULD
HAVE PREVENTED CERTAIN SAFETY FUNCTIONS
[10CFR50.72(b)(3)(v)]

MODE
RAL #

All

All

11.2.1.a

11.2.2.b

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As judged by the OS/EDO,
an event or condition that results
in ANY one of the following:

- The condition of the plant, including its principal safety barriers, being seriously degraded
- The plant being in an unanalyzed condition that significantly degrades plant safety

Any event or condition that
at the time of discovery could have
prevented the fulfillment of the safety
function of structures or systems that
are needed to perform ANY one of the
following:

- Control the release of radioactive material
- Shutdown the reactor and maintain it in a safe shutdown condition
- Remove residual heat
- Mitigate the consequences of an accident

THEN

Action
Required

Refer to Attachment 26
8 Hour Report

11.0 Reportable Action Levels

11.3 System Actuation

Initiating Condition

EVENT THAT RESULTS OR SHOULD HAVE RESULTED IN ECCS DISCHARGE INTO RCS AS RESULT OF A VALID SIGNAL EXCEPT PREPLANNED [10CFR50.72(b)(2)(iv)(A)]

ACTUATION OF REACTOR PROTECTION SYSTEM WHEN CRITICAL EXCEPT PREPLANNED [10CFR50.72(b)(2)(iv)(B)]

VALID ACTUATION OF LISTED SYSTEM EXCEPT PREPLANNED [10CFR50.72(b)(3)(iv)(A)]

MODE

All

1,2

All

RAL #

11.3.1

11.3.2

11.3.3

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IF

Valid SI Actuation signal received (or demanded).

Any event or condition that results in actuation of the reactor protection system (RPS) when the reactor is critical except when the actuation results from and is part of a pre-planned sequence during testing or reactor operation.

Any event or condition that results in valid actuation of any system listed in Technical Basis 11.3.3 except when the actuation results from and is part of a pre-planned sequence during testing or reactor operation.

AND

THEN

THEN

ANY ECCS pump start or Accumulator depressurization that results in, or should have resulted in, discharge into the reactor coolant system

AND

Actuation is NOT part of a pre-planned sequence during testing or reactor operation.

THEN

Action Required

Refer to Attachment 14
4 Hour Report

Refer to Attachment 26
8 Hour Report

11.0 Reportable Action Levels

11.4 Personnel Safety / Overexposure

PSE&G
CONTROL
COPY #

SECG-0101

Initiating Condition

MODE

RAL #

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ANY INCIDENT OR EVENT INVOLVING BYPRODUCT, SOURCE, OR SPECIAL NUCLEAR MATERIAL CAUSING ANY OF THE LISTED RESULTS [10CFR20.2202(a)]

ANY INCIDENT OR EVENT INVOLVING LOSS OF CONTROL OF LICENSED MATERIAL CAUSING ANY OF THE LISTED RESULTS [10CFR20.2202(b)]

ONSITE FATALITY [10CFR50.72(b)(2)(xi)]

All

All

All

11.4.1

11.4.2.a

11.4.2.b

IF

IF

IF

PERSONNEL OVEREXPOSURE or potential for overexposure as indicated by ANY one of the following:

- TEDE exposure \geq 25 Rem
- LDE exposure \geq 75 Rem
- SDE exposure \geq 250 Rem
- Release of radioactive material inside or outside of a Restricted Area so that, had an individual been present for 24 hours, the individual could have received \geq 5 times the occupational ALI (Annual Limit of Intake) which would usually equate to 25 Rem CEDE. This DOES NOT apply to areas where personnel are NOT normally stationed during routine operations

PERSONNEL OVEREXPOSURE or potential for overexposure as indicated by ANY one of the following:

- TEDE exposure $>$ 5 Rem
- LDE exposure $>$ 15 Rem
- SDE exposure $>$ 50 Rem
- Release of radioactive material inside or outside of a Restricted Area so that, had an individual been present for 24 hours, the individual could have received $>$ 1 times the occupational ALI (Annual Limit of Intake) which would usually equate to 5 Rem CEDE. This DOES NOT apply to areas where personnel are NOT normally stationed during routine operations

Any fatality has occurred within the Owner Controlled Area (OCA)

THEN

THEN

THEN

Refer to Attachment 12
1 Hour Report

Refer to Attachment 14
4 Hour Report

Refer to Attachment 17
4 Hour Report

Action Required

11.0 Reportable Action Levels

11.4 Personnel Safety / Overexposure

Initiating Condition

RADIOACTIVELY CONTAMINATED PERSON TRANSPORTED FROM THE SITE TO AN OFFSITE MEDICAL FACILITY FOR TREATMENT [10CFR50.72(b)(3)(xii)]

SIGNIFICANT FITNESS FOR DUTY EVENTS [10CFR26.73]

FITNESS FOR DUTY PROGRAM: FALSE POSITIVE DUE TO ADMINISTRATIVE ERROR (BLIND TEST BY LAB) [10CFR26, APP .A, 2.8(e)(5)]

MODE

All

All

All

RAL #

11.4.2.c

11.4.3.a

11.4.3.b

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Transportation of a radioactively contaminated or **potentially contaminated individual** from the site to an offsite medical facility for treatment

Any event that is determined to be reportable by the Medical Review Officer (MRO) or designee IAW PSEG Nuclear's Fitness for Duty Program (NC.NA-AP.ZZ-0042(Q))

The occurrence of a false positive error on a blind lab performance test specimen under 10CFR26 as determined by the Medical Review Officer (MRO) IAW PSEG Nuclear's Fitness for Duty Program (NC.NA-AP.ZZ-0042(Q))

THEN

AND

AND

The reportable details of the event are made available to the OS by the MRO or designee.

The reportable details of the event are made available to the OS by the MRO or designee.

THEN

THEN

Action Required

Refer to Attachment 27
8 Hour Report

Refer to Attachment 19
24 Hour Report

Refer to Attachment 19
24 Hour Report

PSE&G
CONTROL
COPY # SECG-0101

11.0 Reportable Action Levels

11.5 Environmental / State Notifications

Initiating Condition

SPILL/DISCHARGE OF ANY NON-RADIOACTIVE HAZARDOUS SUBSTANCE [10CFR50.72(b)(2)(xi); N.J.A.C. 7:1E]

SPILL/DISCHARGE OF ANY NON-RADIOACTIVE HAZARDOUS SUBSTANCE INTO OR UPON THE RIVER [10CFR50.72(b)(2) (xi); N.J.A.C.7:1E]

UNUSUAL OR IMPORTANT ENVIRONMENTAL EVENTS [E.P.P. SECTION 4.1]

MODE

All

All

All

RAL #

11.5.2.a

11.5.2.b

11.5.2.c

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Spill/discharge of an industrial chemical or petroleum product outside of a Plant Structure within the Owner Controlled Area that results in EITHER one of the following:

- Spill / discharge that has passed through the engineered fill and into the ground water as confirmed by licensing
- Spill / discharge that CANNOT be cleaned up within **24 hours** and no contact with groundwater is suspected

EITHER one of the following events occur:

- Observation of a spill/discharge of an **industrial chemical or petroleum product** from on-site into the Delaware River or into a storm drain
- Observation of an oil slick on the Delaware River from any source

As judged by the OS/EDO, ANY one of the following events has occurred:

- Unusually large fish kill
- Protected aquatic species impinge on Circulating or Service Water intake screens (eg.; sea turtle, sturgeon) as reported by Site personnel
- Any occurrence of an unusual or important event that indicates or could result in significant environmental impact casually related to plant operation; such as the following:
 - * Onsite plant or animal disease outbreaks
 - * Mortality or unusual occurrence of any species protected by the Endangered Species Act of 1973
 - * Increase in nuisance organisms or conditions
 - * Excessive bird impactation
 - * NJPDES Permit violations
 - * Excessive Opacity (smoke)

THEN

THEN

THEN

Note:
This event May require IMMEDIATE (15 minute) notifications. DO NOT delay implementation of Attachment 16.

Refer to Attachment 16 Spill/Discharge Reporting

Refer to Attachment 16 Spill/Discharge Reporting

Refer to Attachment 15 Environmental Protection Plan

Action Required

11.0 Reportable Action Levels

11.5 Environmental / State Notifications

Initiating
Condition

BOILER OR PRESSURE VESSEL
EXPLOSION OR PERSONAL INJURY
[N.J.A.C. 5:11-3.11]

MODE

All

RAL #

11.5.3

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EITHER one of the following events occur:

- Personal injury due to an **occurrence** to a boiler or pressure vessel
- A boiler or pressure vessel explosion

THEN

Action
Required

Refer to Attachment 28
B&PV Reporting

PSE&G
CONTROL
COPY # SECG-0101

11.0 Reportable Action Levels

11.7 Security / Emergency Response Capabilities

Initiating Condition

SAFEGUARDS EVENTS THAT ARE DETERMINED TO BE NON-EMERGENCIES, BUT ARE REPORTABLE TO THE NRC WITHIN ONE HOUR [10CFR73.71(b)(1)]

MAJOR LOSS OF EMERGENCY ASSESSMENT CAPABILITY, OFFSITE RESPONSE CAPABILITY, OR OFFSITE COMMUNICATIONS CAPABILITY [10CFR50.72(b)(3)(xiii)]

MODE
RAL #

All
11.7.1.a
IF

All
11.7.1.b
IF

All
11.7.1.c
IF

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Any Non-Emergency safeguards event that is reportable in accordance with 10CFR73.71 as determined by Security (SCP-15)

OS/EC determines that an event (excluding a scheduled test or preplanned maintenance activity) has occurred that would impair the ability to deal with an accident or emergency as indicated by the Loss of ANY one of the following:

THEN

- Nuclear Emergency Telecommunications System (NETS) for >1 hr
- ENS for >1 hr in the Control Room, TSC, and EOF
(N/A if reported by the NRC)
- More than 17 Offsite Sirens for > 1 hr
- Use of the EOF for > 8 hrs
- All Meteorological data (Salem AND Hope Creek) for > 8 hrs
- Site access due to Acts of Nature (snow, flood, etc.)

- P250 or Aux Annunciator System for > 24 hrs
 - SPDS for > 8 hrs (> 2 CFSTs Inop, not due to plant conditions)
 - Use of the TSC for > 8 hrs
 - ALL Plant vent radiation effluent monitors with no alternate method of monitoring for > 72 hrs
 - More than 75% OHA's
 - Concurrent multiple accident or emergency condition indicators which in the judgement of the OS significantly impairs assessment capabilities
- Refer to Technical Basis 11.7.1.c for ERDS

THEN

THEN

Action Required

Refer to Attachment 11
1 Hour Report (Common Site)

Refer to Attachment 25
8 Hour Report (Common Site)

Refer to Attachment 26
8 Hour Report

11.0 Reportable Action Levels

11.8 Public Interest

Initiating
Condition

MODE

RAL #

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UNUSUAL CONDITIONS WARRANTING A NEWS
RELEASE OR NOTIFICATION OF GOVERNMENT
AGENCIES [10CFR50.72(b)(2)(xi)]

UNUSUAL CONDITIONS DIRECTLY AFFECTING LOWER
ALLOWAYS CREEK TOWNSHIP (LACT) [LAC -MOU]

All

All

11.8.2.a

11.8.2.b

IF

IF

OS/EDO judges that an event or situation has occurred that is related to ANY one of the following:

- The health and safety of the public
- The health and safety of onsite personnel
- Protection of the environment

As judged by the OS/EDO, events which are the responsibility of PSEG Nuclear which have or may result in EITHER one of the following:

- Anticipated unusual movement of equipment or personnel which may significantly affect local traffic patterns
- Onsite events which involve alarms, sirens or other noise which may be heard off-site

AND

AND

A news release is planned

Notifications to a Local, State or Federal agency has been or will be made

THEN

THEN

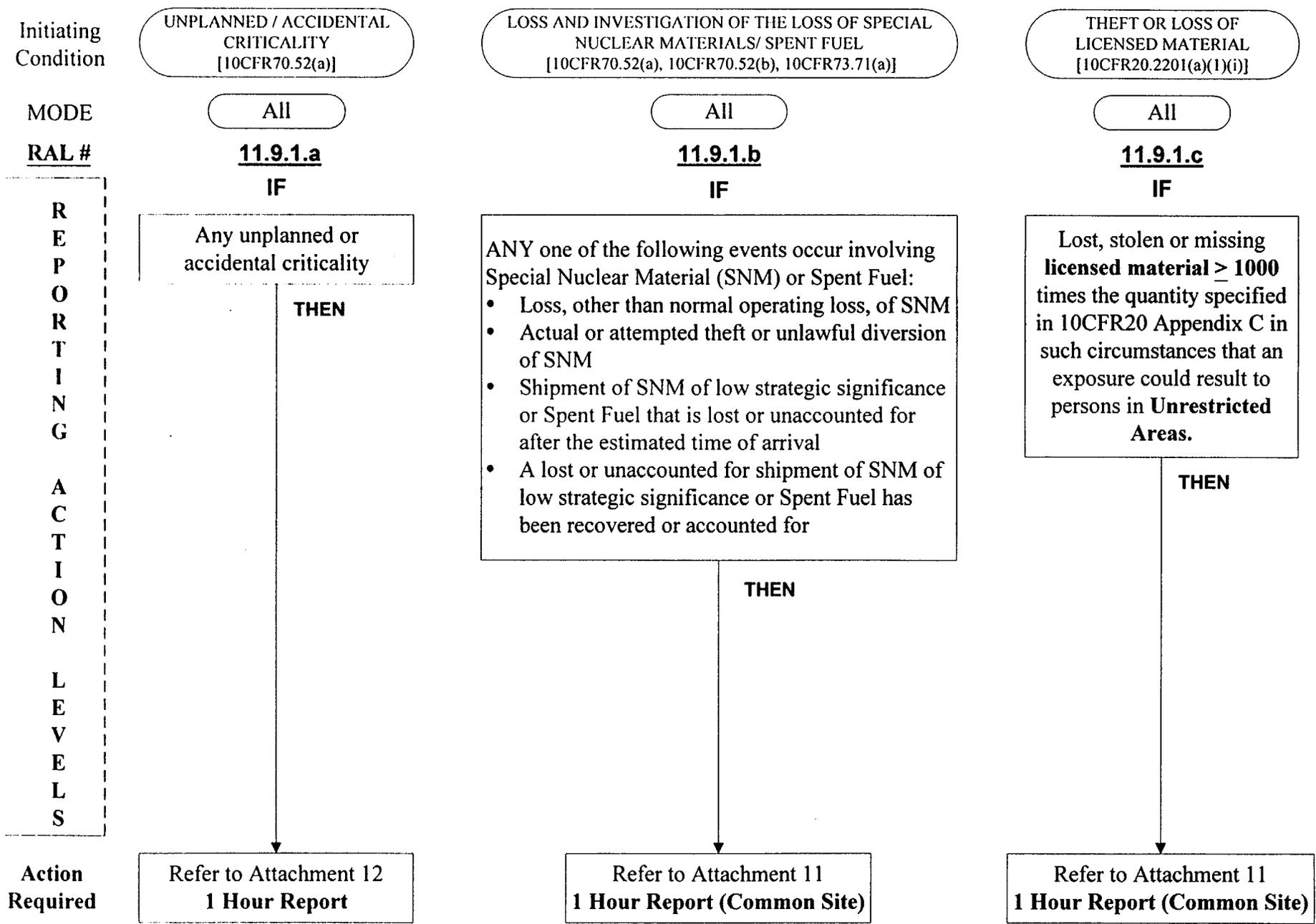
Refer to Attachment 14
4 Hour Report

Refer to Attachment 21
LACT / MOU Report

Action
Required

11.0 Reportable Action Levels

11.9 Accidental Criticality / Special Nuclear Material / Rad Material Shipments - Releases



11.0 Reportable Action Levels

11.9 Accidental Criticality / Special Nuclear Material / Rad Material Shipments - Releases

Initiating Condition

EXCESSIVE CONTAMINATION AND/OR RADIATION LEVELS ON A PACKAGE [10CFR20.1906(d)]

ACCIDENT DURING TRANSPORT OF LICENSED MATERIAL [10CFR71.5(a)(1)(iv)]

CONTAMINATION OUTSIDE OF THE RADIOLOGICALLY CONTROLLED AREA [10CFR50.72(b)(2)(xi)]

MODE

All

All

All

RAL #

11.9.1.e

11.9.2.a

11.9.2.b

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Receipt survey indicates that package contamination/radiation levels equal or exceeds ANY one of the following:

- 2200 dpm/100 cm²
- 200 mR/hr on contact
- 10 mR/hr at 3 feet

Accidents during the transportation of **radioactive material** which are reported to PSE&G as the shipper that involve (or potentially involve) damage to the cargo

Discovery of a Contaminated Area OUTSIDE of the RCA with removable activity due to **licensed material**

THEN

THEN

AND

AND

AND

THEN

Refer to Attachment 10
1 Hour Report

Refer to Attachment 18
4 Hour Report

Refer to Attachment 13
4 Hour Report

Action Required

Location of Contaminated Area is OUTSIDE of Plant Structures

Location of Contaminated Area is such that a contaminated person or material may have left the Protected Area

Size of Contaminated Area is LARGE (>100 FT²)

11.0 Reportable Action Levels

11.10 Voluntary Notifications

PSE&G
CONTROL
COPY # SECG 0101

Initiating
Condition

EVENTS/CONDITIONS WARRANT VOLUNTARY/COURTESY
NRC NOTIFICATION [10CFR50.72 - VOLUNTARY REPORT]

MODE

All

RAL #

11.10.2

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In the judgement of the OS,
notification to the NRC is warranted

AND

NO other EALs or RALs appear to be applicable

THEN

Refer to Attachment 14
4 Hour Report

Action
Required